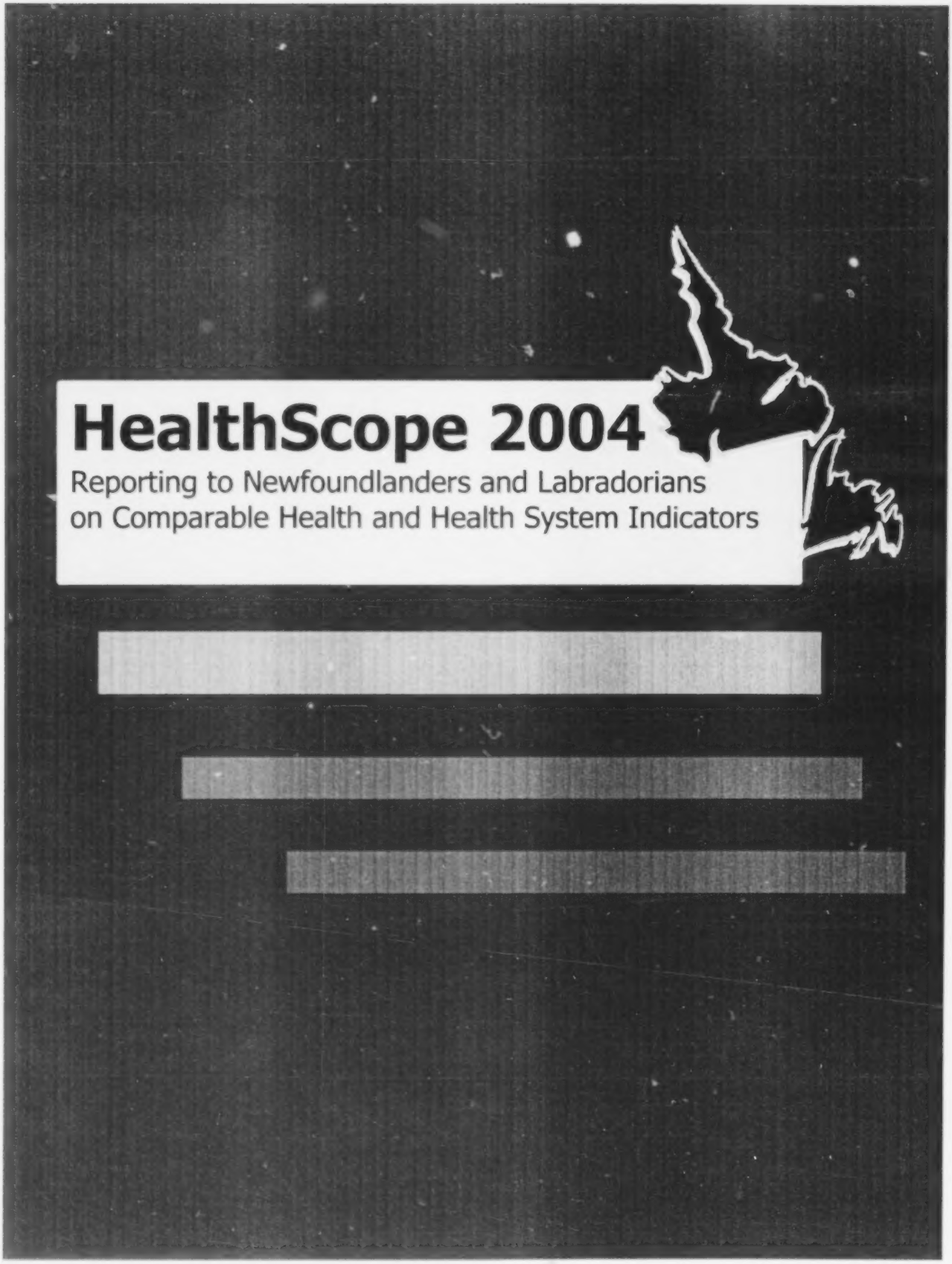
HealthScope 2004
Reporting to Newfoundlanders and Labradorians
on Comparable Health and Health System Indicators

105-05458/

NOVEMBER 2004

Foreword

It is my pleasure to present *Health Scope 2004*, a public report on health system performance and population health status in Newfoundland and Labrador. The report examines indicators in the areas of primary health care, public satisfaction with health services, wait times for services, as well as a wide selection of indicators that describe our healthy living behaviours. Comparisons to the other Atlantic Provinces and Canada are also presented.

The *First Ministers' Accord on Health Care Renewal* was reached in February 2003 which established a framework for reform in the Canadian health system. Central to that agreement was a commitment of all provinces and territories to report publicly on a comparable set of indicators. A group of eighteen featured indicators was selected following extensive debate among jurisdictions and consultation with Canadians. Additional indicators for Newfoundland and Labrador and other jurisdictions in Canada are available on-line through the Canadian Institute for Health Information. *Health Scope 2004* reflects our ongoing commitment to the *2003 First Ministers' Accord on Health Care Renewal* and to the importance of reporting to the public in an ongoing and meaningful way.

Health Scope 2004 reveals many similarities of our provincial health system and the health of our citizens with the Atlantic Provinces and Canada overall. Findings in the report show Newfoundlanders and Labradorians who used the health system were very pleased with the care and service they received. Like all jurisdictions, challenges exist to improve access to services and ensure programming exists to support Newfoundlanders and Labradorians to make healthy lifestyle choices. Our health status trends related to obesity and physical inactivity are concerning as these risk factors contribute significantly to many illnesses and are largely preventable. It is anticipated that *Health Scope 2004* will assist in the ongoing efforts to improve the health system and to also positively influence healthy lifestyle choices of Newfoundlanders and Labradorians.

JOHN OTTENHEIMER, M.H.A. Q.C.
Minister of Health and Community Services

Statement of Responsibility

GOVERNMENT OF
NEWFOUNDLAND AND LABRADOR

Department of Health and Community Services

Responsibility for preparation of *Health Scope 2004: Reporting to Newfoundlanders and Labradorians on Comparable Health Indicators* rests with the Department of Health and Community Services. This responsibility includes ensuring that the information is objective, complete, accurate, and fairly presented, in accordance with agreed upon reporting requirements.

In preparing *Health Scope 2004*, the Department, in conjunction with the Newfoundland and Labrador Centre for Health Information, relied on information provided from various sources as indicated throughout the Report. The Department's responsibility for such information is limited to being reasonably confident that it is free of significant misrepresentation.

To the best of our knowledge, the information in *Health Scope 2004* is reliable. Unless otherwise stated in the Report, it has been prepared in accordance with the following criteria:

- the information reported meets the requirements of the commitment of the First Ministers' Accord on Health Care Renewal dated 5 February 2003. The health indicators comply with the definitions, technical specifications and standards of presentation approved by the Conference of Deputy Ministers of Health.

- the reported indicators fairly reflect the facts to a reasonable level of accuracy.

- the indicator measures are defined, and their significance and limitations are explained. The Department of Health and Community Services will continue to work towards improvements in the breadth of the data for future reporting.

The Auditor General of Newfoundland and Labrador has reported on the results of applying specified auditing procedures to the *Health Scope 2004* Report. The Report of the Auditor General on the results of applying specified auditing procedures forms part of this Report.

LORETTA CHARD
Assistant Deputy Minister
Policy and Planning Branch

November 22, 2004

OFFICE OF THE AUDITOR GENERAL
St. John's, Newfoundland and Labrador

Report on the Results of Applying Specified Auditing Procedures

To: The Minister of Health and Community Services
St. John's, Newfoundland and Labrador

As specifically agreed, I have performed the following procedures in connection with the information presented in the Department of Health and Community Services' Report entitled *Health Scope 2004: Reporting to Newfoundlanders and Labradorians on Comparable Health Indicators* dated November 2004. The information provided in the report is management's representation of the results achieved in the health indicator areas identified pursuant to the commitment under the First Ministers' Accord on Health Care Renewal, dated 5 February 2003. The Conference of Deputy Ministers of Health defined the specific indicators within the identified health indicator areas, which are to be reported to Canadians. I have:

- agreed information indicated in the report as being obtained from organizations including Statistics Canada and the Canadian Institute for Health Information, to reports from those organizations, or where information is reported as not available or not suitable for publication, confirmed that the information is not available;

- agreed information indicated in the report as being obtained from the Department of Health and Community Services and other Provincial sources, to source reports. In addition, I have tested the procedures used to compile the underlying data into the source reports;

- checked that the presentation of results is consistent with the stated methodology;

- checked, where applicable, that the results presented are comparable to information presented in prior years; and

- checked that the results for the eighteen featured indicators approved by the Conference of Deputy Ministers pursuant to the 5 February 2003 First Ministers' Accord on Health Care Renewal are included in the report.

As a result of applying the above procedures, I found no exceptions. However, these procedures do not constitute an audit of the Department's report and therefore I express no opinion on the information presented therein.

JOHN L. NOSEWORTHY, C.A.
Auditor General

St. John's, Newfoundland and Labrador
22 November 2004

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Using this Report

Readers are encouraged to review the technical notes prior to reviewing the report. The technical notes provide a background on the sources of data used, the approach that was used in the comparisons, definitions, and any limitations that may exist.

Executive Summary

Building on the first *Health Scope* report released in 2002, *Health Scope 2004* continues the Government of Newfoundland and Labrador's commitment to report on the performance of its health system. Reflecting the themes of the *2000 First Ministers' Meeting Communiqué on Health* and the *2003 First Ministers' Accord on Health Care Renewal*, this report presents information on eighteen featured and four non-featured indicators for this province, the other three Atlantic Provinces, and Canada overall. A brief overview of the population trends in the province and health expenditures is also presented. The report is divided into the following four sections:

NEWFOUNDLAND AND LABRADOR POPULATION TRENDS AND HEALTH EXPENDITURES

Over the past 25 years, the population of Newfoundland and Labrador has decreased by 8.9% (almost 50,000 people) while the population of the other Atlantic Provinces and Canada as a whole has increased. The median age in this province has increased from 24.2 years in 1979 to 39.3 years in 2003. Declining birth rates, years of out-migration, and changes in both the young and old populations have contributed to today's population trends. These factors have significant implications for the health system in Newfoundland and Labrador.

In 2001, the amount of provincial government expenditures for health services within Newfoundland and Labrador was $2,575 per person, which was higher than the Canadian average ($2,193) and the other Atlantic Provinces.

PRIMARY HEALTH CARE IN NEWFOUNDLAND AND LABRADOR

When asked about one's perceptions of access and quality of services offered or received in this province, the people of Newfoundland and Labrador reported a high degree of satisfaction, which was generally similar to people in other Atlantic Provinces and Canada overall.

A lower percentage (85.9%) of Newfoundlanders and Labradorians reported having a family doctor compared to the rest of Atlantic Canada. In addition, a higher hospitalization rate (452 per 100,000 population) was reported for residents of this province with ambulatory care sensitive conditions than Canada overall. Fewer Newfoundlanders and Labradorians aged 65+ (45.5%) received immunization for influenza in 2003 than any other Atlantic Province and Canada overall.

When considering health services in general, 83.7% of this province's people reported themselves to be very or somewhat satisfied, a similar rate to the overall Canadian population (84.9%). However, Newfoundlanders and Labradorians were more satisfied with community-based services received (91.9%) than Canadians overall (83.0%).

OTHER AREAS OF HEALTH SERVICES

Median wait times for surgery (4.3 weeks), specialist physician visits (4.3 weeks), and diagnostic services (2.0 weeks) for the people of Newfoundland and Labrador were similar to the other Atlantic Provinces and Canada overall.

In terms of prescription drug spending, the majority of Newfoundlanders and Labradorians (74.2%) spent some of their money on medications, as did the average Canadian and residents in other Atlantic Provinces. A small minority (5.8%) of households in this province reported spending more than 5% of their income on prescription drugs.

People in this province were satisfied with hospital care (82.0%), and with the care they received from their doctor (92.7%). In all Atlantic Provinces, older survey respondents reported higher satisfaction with health services than did younger respondents.

HEALTHY NEWFOUNDLANDERS AND LABRADORIANS

Newfoundlanders and Labradorians born in 2001 were expected to live in full health, for approximately 70 years (males - 68.4 years, females 70.2 years) similar to other Canadians. This is also known as health adjusted life expectancy. For those aged 65+ in 2001, males were expected to live another 12.3 years while females were expected to live another 13.6 years in full health. This was similar to other Canadian males and females. Income levels appeared to have a small impact on the health adjusted life expectancy.

The percentages of low birth weight newborns in Newfoundland and Labrador and Canada overall were 5.3% and 5.5% respectively. These rates have shown some decline over the past decade.

Despite evidence of high rates of teenage smoking (17.0% current and 11.7% daily), physical inactivity (53.3%), obesity (19.9%) and diabetes (6.4%), 67.4% of Newfoundlanders and Labradorians generally feel that they are in very good or excellent health.

SUMMARY

Generally, the health status of this province is comparable to the other Atlantic Provinces and Canada overall. However, concern remains for findings in such areas as teenage smoking, physical inactivity, obesity and immunization for influenza. Government and its partners are working towards improving these areas through policy and program development. The information provided in this report related to these indicators and others, can be used to inform the public on the performance of the province's health system and the health of the population and allow for comparisons with other Atlantic Provinces and Canada overall.

Introduction

In February 2003, an agreement was reached on a *First Ministers' Accord on Health Care Renewal* (2003 Accord) that demonstrated a shared commitment of jurisdictions to work toward improvements in the quality, accessibility and sustainability of our publicly funded health system. As part of this agreement, First Ministers committed to report to the public on progress being made towards the goals set out in the 2003 Accord. This report is part of a national reporting process to inform the public of progress achieved.

In 2000 the *First Ministers' Communiqué on Health* was released, representing an earlier agreement on health system renewal between the provinces and territories and the federal government. Subsequently, in 2002 Newfoundland and Labrador released *Health Scope: Reporting to Newfoundlanders and Labradorians on Comparable Health and Health System Indicators*. *Health Scope 2004* builds on the previous *Health Scope* and reflects themes of both the 2000 Communiqué and 2003 Accord. The development and reporting of indicators is an ongoing process in Canada, and work remains to develop meaningful comparative indicators on some major themes identified in the 2003 Accord.

The focus of this report is on the people of Newfoundland and Labrador, and includes public perceptions on quality of services, accessibility and waiting times for services, and healthy behaviours. It contains information on eighteen featured and four non-featured indicators presented across three major areas: Primary Health Care, Other Areas of Health Services, and Healthy Newfoundlanders and Labradorians. All jurisdictions in Canada will report publicly on these eighteen featured indicators. Further indicators reflecting the themes of the 2000 Communiqué and the 2003 Accord are available on the Canadian Institute for Health Information's website: http://www.cihi.ca/comparable-indicators. *Health Scope 2004* compares Newfoundland and Labrador to other jurisdictions in Atlantic Canada, and Canada overall. Gender and age breakdowns are presented where available.

The purpose of *Health Scope 2004* is to contribute to a better understanding of the performance of our health system, the heath status of our population, and to support decision-making that can lead to a more effective and efficient health system. This report is one of several available to the public that reports on health system performance, as well as health status both at provincial and national levels. Provincially these reports include the Annual Reports of the Department of Health and Community Services, health boards and agencies, and the *Stepping into the Future: Newfoundland and Labrador's Early Childhood and Development Initiative* report which was released in the Fall of 2004.

Considerable work remains at both the provincial and national levels to develop meaningful indicators that measure the progress and effectiveness of the health system. To assure accountability to the public, the Department of Health and Community Services remains committed to the continuous improvement of quality information and reporting in the province.

SECTION I

Newfoundland and Labrador Population Trends and Health Expenditures

One of the factors to be considered when examining the health status and health outcomes of a population is the composition of the population itself. Examining the number of people and their age distribution over time can assist in planning for services and predict future demands on the health system. In Newfoundland and Labrador, a pattern of steady out-migration has resulted in an overall decline in the population. Such declines can impact the health system in a variety of ways. For example, fewer children and youth can create less demand for some services, yet new technology for specialized needs, such as that of premature infants, can increase demands. A declining population may also create challenges in maintaining safe and effective service delivery in sparsely populated areas.

An aging population can also cause increased demands on the health system. For example, chronic illness will become more prevalent as the population ages and the need for long term care and supportive services will increase, bringing with it higher cost implications. The steps that government takes to manage such challenges are important to the health of the population, but must be balanced with the fiscal capacity of Newfoundland and Labrador.

This section will describe the population of Newfoundland and Labrador and how it has changed over the past 25 years. In addition, the cost of providing health services in the province will be discussed.

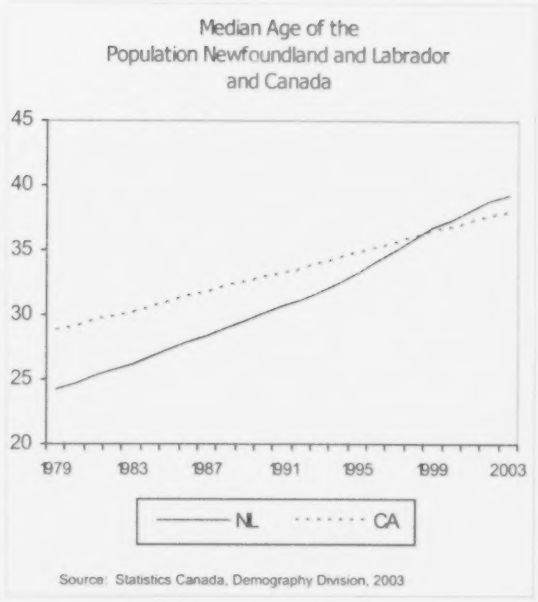
Population Trends in Newfoundland and Labrador

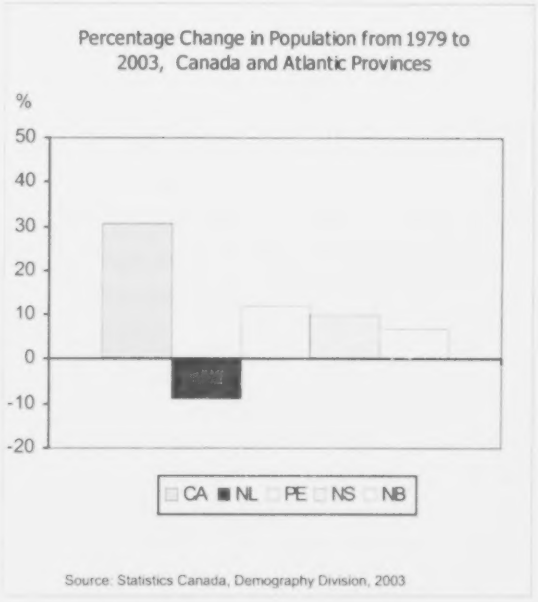
Newfoundland and Labrador's 519,570 residents are dispersed throughout 700 communities spread over 405,720 square kilometres of land. This vast geography makes the provision of maintaining public services, especially health services, both challenging and costly.

The median age of Newfoundlanders and Labradorians has gone from being almost five years lower than Canada's in 1979 (24.2 years versus 28.8 years) to slightly higher in 2003 (39.3 years versus 37.9 years). The median age for this province is expected to increase to 47.0 years by 2018. This increase will have significant implications to the health system in Newfoundland and Labrador.

A declining birth rate and years of out-migration have resulted in an 8.9% decrease in the population of Newfoundland and Labrador between 1979 and 2003 inclusive. This translates into a net loss of almost 50,000 people over this 25 year period. During the same time period, an increase in population was reported for Canada (30.7%), Prince Edward Island (12.0%), Nova Scotia (10.2%), and New Brunswick (6.7%).

Much of the population decline in Newfoundland and Labrador can be attributed to a decreasing number of children and youth. In the past 25 years, the proportion of children and youth (0-14 age group) in the province has declined by 15.0%, while the percentage of the 65+ age group has increased by 5.3%. In comparison, the Canadian 0-14 age group has declined by only 5.0% while the 65+ age group has increased by 3.6%.



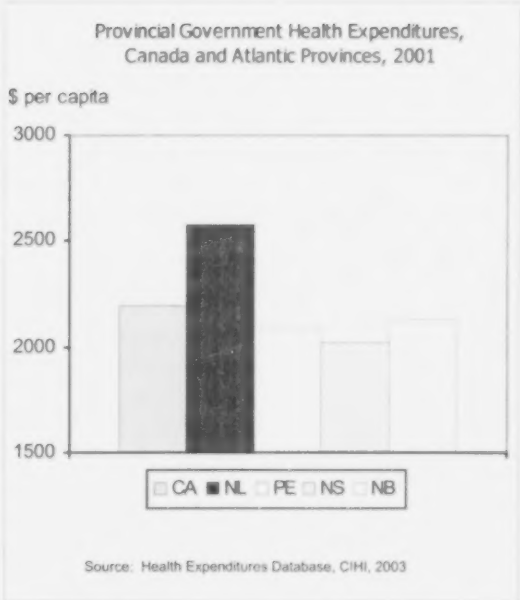


Provincial Government Health Expenditures[1]

Canada's health system is funded by both public and private sources. Government agencies represent the public sector while personal household expenditures and insurance companies represent the private sector.

In 2001, Newfoundland and Labrador reported higher "Provincial Government Health Expenditures" per capita ($2,575) than Canada ($2,193), a difference of $382 per person. In 2001, total provincial government expenditures for health services in Newfoundland and Labrador were $1.3 billion. If Newfoundland and Labrador per capita expenditures were equal to the national average, the total provincial costs for health services in 2001 would have been reduced by $198 million.

Experts agree that health spending is influenced by four main factors: demographics, geography, determinants of health and health status, and the price of providing care. Newfoundland and Labrador is challenged in all four cost driver areas; an aging population using more health services, vast geography and population widely dispersed, high rates of several chronic health conditions and risk factors, extensive provincial infrastructure of health facilities, as well as a health human resource workforce of over 20,000 individuals.



Higher rates of risk factors such as smoking, physical inactivity, and obesity are evident in Newfoundland and Labrador and will be discussed further in this report. These factors directly contribute to higher rates of cardiovascular disease including heart attack and stroke. Cardiovascular disease is a major reason for hospitalizations and therefore a major cost driver for the health system.

[1] Not all Department of Health and Community Services' expenditures are included in the definition of Health Expenditures, as indicated by the Canadian Institute for Health Information. See full report for specific details (www.cihi.ca)

SECTION II

Primary Health Care in Newfoundland and Labrador

Primary health care involves first contact for health services between a patient and a health professional (or team of professionals) such as physicians, nurse practitioners, public health officials, social workers, occupational therapists, and physiotherapists. It is one of the priorities for reform reflected in the 2000 Communiqué and more recently, in the 2003 Accord. In 2000, the federal government launched the Primary Health Care Transition Fund to assist the provinces and territories in renewing their primary health care systems. Newfoundland and Labrador's share of this fund was $9.7 million over four years. The Office of Primary Health Care was subsequently created to oversee the renewal process in this province.

In 2003/04, the Department of Health and Community Services approved a primary health care framework entitled *Moving Forward Together: Mobilizing Primary Health Care*. Improved access to primary health care, more emphasis on health promotion and injury prevention, and the promotion of a team-based interdisciplinary approach to providing services are the main elements of this framework. The provincial government committed to spending $4.3 million in 2004/05 to support the implementation of primary health care initiatives.

Atlantic and national partnerships are also ongoing. Newfoundland and Labrador is participating in several projects funded from the Federal Primary Health Care Transition Fund. Two specific initiatives in the Atlantic region include a self-care/tele-care project that is intended to introduce self-care help phone services throughout the province, and *Building a Better Tomorrow,* a program designed to provide inter-professional development and assist primary health care teams to manage change.

Access to primary health care is of paramount importance for a successful, effective health system. Indicators related to timely access to primary health care services such as routine services, information, immediate care, and having a family doctor are explored in this section. The immunization rate for influenza for those aged 65 and over is also discussed. Immunization is a core component of a strong public health system. Specifically, the indicators discussed will include:

1. "Difficulty obtaining routine or on-going health services"
2. "Difficulty obtaining health information or advice"
3. "Difficulty obtaining immediate care"
4. "Proportion of population that reports having a regular family doctor"
5. "Immunization for influenza, aged 65 plus"

In addition to accessing services, the quality of the service itself should be appropriate and adequate for the population. One measure of service quality is how satisfied people are with the services they receive, while another is the level of hospitalization for ambulatory care sensitive conditions (e.g. asthma and diabetes). Such conditions require hospitalization from time to time, but often hospitalization can be avoided with appropriate first-contact care in the community. The indicators discussed will include:

6. "Hospitalization rate for ambulatory care sensitive conditions"
7. "Patient satisfaction with overall health care services"
8. "Patient satisfaction with community-based care"
9. "Patient satisfaction with telephone health line or tele-health services"

Timely Access

The ability to obtain care when it is needed is important in maintaining health, preventing health emergencies, and minimizing the use of hospital emergency rooms for non-urgent or emergent reasons. Accessing health care services, whether it is seeking only information, or for direct treatment, can take place any time of day.

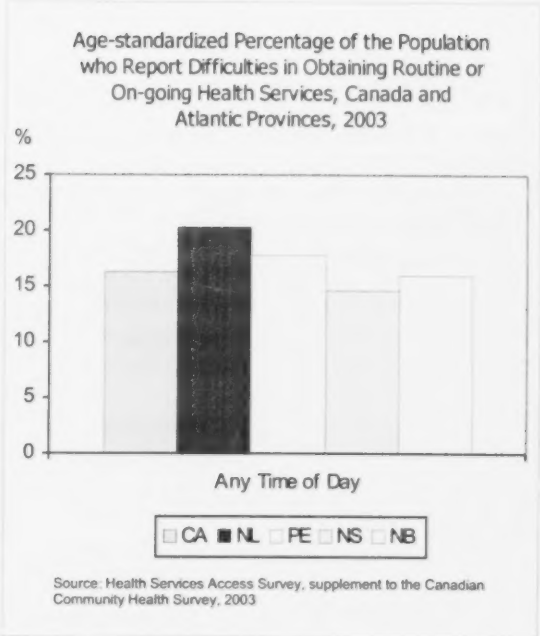
"Difficulty obtaining routine or on-going health services"

Percent who required routine or on-going health care services for self or a family member in the past 12 months and experienced difficulties obtaining them.

Newfoundland and Labrador residents reported a higher percentage (20.4%) than Canada overall (16.4%) when asked if they had "Difficulty in obtaining routine or on-going health services" during any time of day.

When compared to the other Atlantic Provinces, Newfoundland and Labrador reported a higher percentage of difficulty than Nova Scotia (14.6%) and New Brunswick (16.0%).

Ensuring access to necessary services in a timely manner is one of the major goals of the primary health care renewal process in this province. Supporting professionals working in teams, ensuring all health providers including nurse practitioners have an opportunity to work to their full scope of practice, establishing traveling clinics to rural and remote locations and maximizing tele-health technology are all part of the solution.


Age-standardized Percentage of the Population who Report Difficulties in Obtaining Routine or On-going Health Services, Canada and Atlantic Provinces, 2003
%
25
20
15
10
5
0
Any Time of Day
CA NL PE NS NB
Source: Health Services Access Survey, supplement to the Canadian Community Health Survey, 2003

Despite these efforts, challenges remain in recruiting and retaining health professionals in some locations and sustaining routine services close to home for all residents of Newfoundland and Labrador. With the population spread over such a vast geography, travel distance to some services can present challenges for some residents.

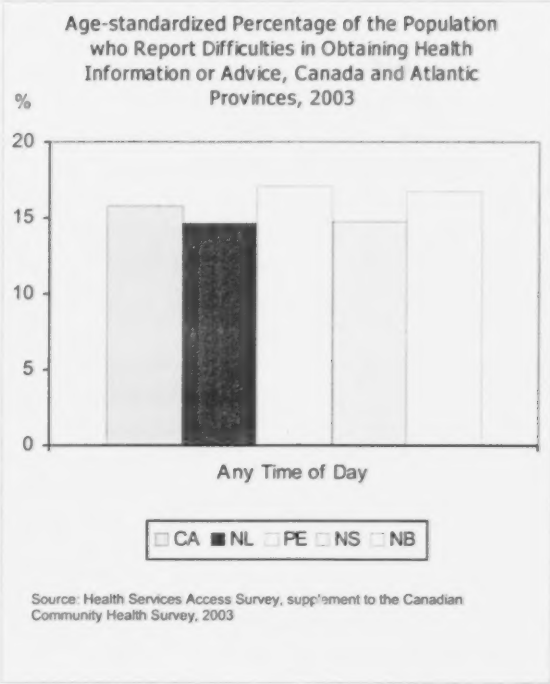
"Difficulty obtaining health information or advice"

Percent who required health information or advice for self or a family member in the past 12 months and experienced difficulty obtaining it any time of the day.

Newfoundland and Labrador reported a similar percentage (14.6%) compared to Canada overall (15.8%) and the other Atlantic Provinces when residents were asked if they experienced "Difficulty in obtaining health information or advice" during any time of day.

Today's growing communication channels have increased access to information for all citizens. Television, radio, newsprint and the Internet bring instant messaging to the public on an immense array of topics. Libraries, volunteer groups, and health education displays further increase public access to information and advice. Despite advancements in making reliable health information available to the public, the challenge remains to ensure that groups and individuals with special needs are able to access reliable and appropriate advice.

Primary health care renewal in Newfoundland and Labrador will support the evaluation of an electronic health record in urban and rural areas. An electronic health record will support the sharing of patient health information between health providers toward the goal of more comprehensive diagnosis, treatment and ongoing management of health needs. In addition, the availability of a self-care/tele-care service could provide 24/7 access to health care information to the public through nurse operated phone lines and web-based services. The feasibility of a self-care/tele-care service is currently under review by the Department of Health and Community Services.



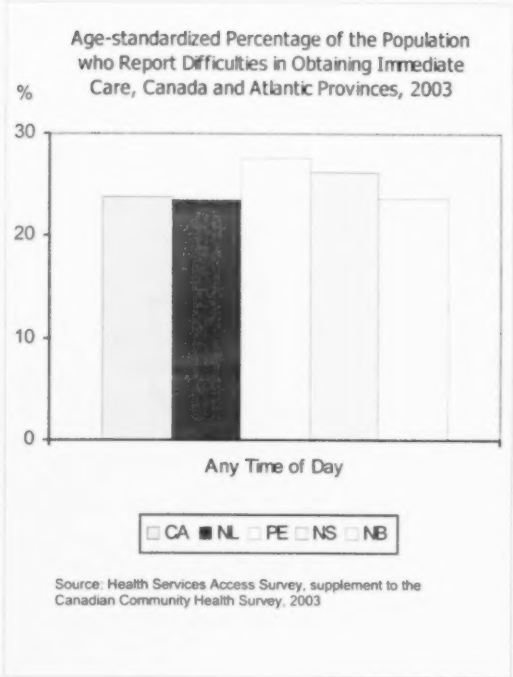
Source: Health Services Access Survey, supplement to the Canadian Community Health Survey, 2003

"Difficulty obtaining immediate care"

Percent who required immediate care for a minor health problem for self or a family member in the past 12 months and experienced difficulty obtaining it any time of day.

Newfoundland and Labrador reported a similar percentage (23.5%) to Canada overall (23.8%) and the other Atlantic Provinces when residents were asked if they experienced "Difficulty in obtaining immediate care for a minor health problem" during any time of day.

Immediate care, sometimes referred to as "24/7 service", generally refers to emergency and urgent services accessed by the public. While survey responses in Newfoundland and Labrador are similar to other Canadians, challenges in accessing immediate care are different across the country. Distance to service and length of time waiting are two important variables that need further examination. Only with further study can we begin to determine the reasons for this difficulty and identify potential solutions. The challenge to the Government of Newfoundland and Labrador is to ensure that necessary 24/7 services are available as close to home as possible yet, at the same time, operate an efficient health system.


Age-standardized Percentage of the Population who Report Difficulties in Obtaining Immediate Care, Canada and Atlantic Provinces, 2003
%
30
20
10
0
Any Time of Day
CA NL PE NS NB
Source: Health Services Access Survey, supplement to the Canadian Community Health Survey, 2003

"Proportion of population that reports having a regular family doctor"

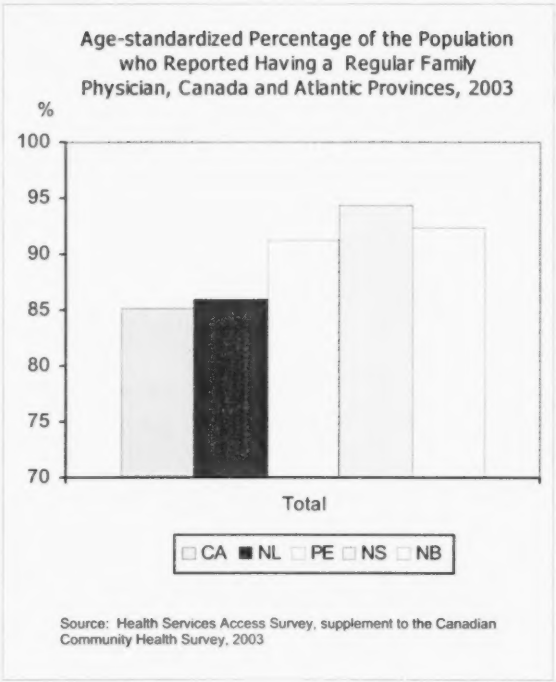
Percent of population having a regular family doctor.

When asked, "Do you have a regular family doctor", Newfoundland and Labrador residents reported a similar percentage (85.9%) to Canada overall (85.1%). There were approximately 420 family doctors in this province in 2002/03 or 84 family doctors per 100,000. The Canadian rate for this period was 96 per 100,000.

In comparison to this province, a higher percentage of residents from the other Atlantic Provinces reported having a family doctor (Prince Edward Island - 91.3%, Nova Scotia - 94.3%, and New Brunswick - 92.3%)

There is no way to determine from these results whether those who do not have a family doctor chose not to have one, or if they were unable to find one. As well, family doctors are not always the first contact for health services. In some communities in Newfoundland and Labrador, residents see regional nurses and nurse practitioners as their first line of health services.

As primary health care evolves, it is expected that family doctors and other health providers will become more integrated into primary health care teams. Patients will benefit from this by having access to a range of health professionals. Family doctors, who often work independently, will benefit through an improved work environment, including sharing on-call duties and have access to colleagues for professional collaboration. Such benefits are felt to be significant factors in the successful recruitment and retention of family doctors.



Source: Health Services Access Survey, supplement to the Canadian Community Health Survey, 2003

"Immunization for influenza, aged 65 plus"

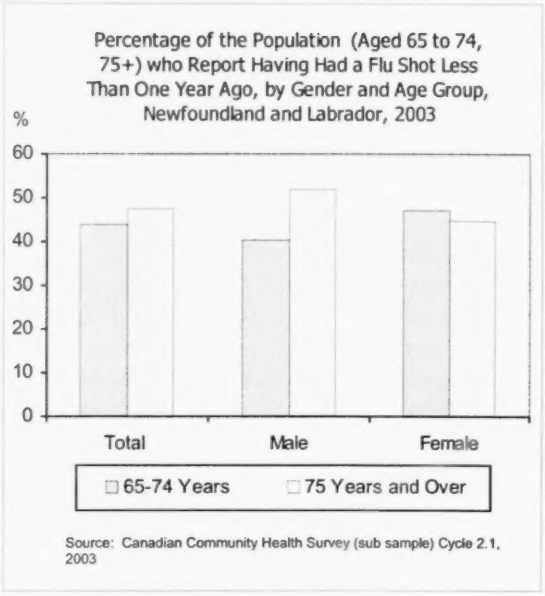
Proportion of population 65 and over who report having a flu shot in the past year.

Becoming immunized for influenza (or getting the "flu shot") is an important step in maintaining the health of our population. The elderly are considered to be at higher risk for complications from influenza and are encouraged to avail of immunization each Fall. In Newfoundland and Labrador, influenza immunization is available free of charge to those residents over the age of 65 years, as well as other at risk populations. Immunization is available through family doctors and public health clinics throughout the province.

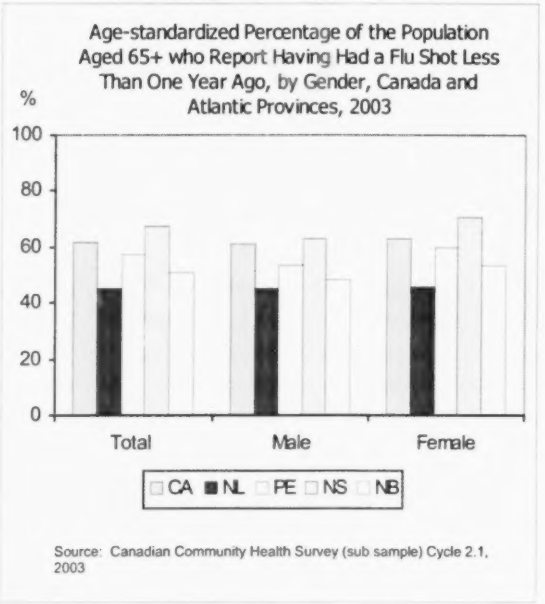
Newfoundlanders and Labradorians aged 65+ reported a lower percentage of immunization for influenza (total 45.5%; males 45.3%; females 46.1%) than Canada overall (total 62.1%; males 61.2%; females 62.9%). Within the province, the rate for males and females was similar.

For the 65-74 age group, 44.0% of the residents in this province reported that they had received a "flu shot" (40.6% males; 47.4% females). For the 75+ age group, 47.6% indicated receiving the "flu shot" (52.0% males; 45.0% females).

When compared to the other Atlantic Provinces, Newfoundland and Labrador residents aged 65+ reported a lower percentage (45.5%) of getting the "flu shot" than Prince Edward Island (57.5%) and Nova Scotia (67.6%). Males aged 65+ in Newfoundland and Labrador reported a lower percentage (45.3%)



Source: Canadian Community Health Survey (sub sample) Cycle 2.1, 2003



Source: Canadian Community Health Survey (sub sample) Cycle 2.1, 2003

than Nova Scotia males (63.2%). Females aged 65+ in Newfoundland and Labrador reported a lower percentage (46.1%) of immunization than females aged 65+ in Prince Edward Island (60.1%) and Nova Scotia (71.0%).

Various reasons may influence why individuals 65+ may not get the "flu shot". These include: (1) inability to access it, (2) choosing not to get it, and (3) being unaware they should get it. Primary health care providers continue to work towards informing and educating residents of the province on the benefits of immunization and to ensure the "flu shot" is accessible for this target group. Newfoundland and Labrador has reported rates of near 100% for children's immunization programs for decades, and now strives to attain improved immunization rates for the aged 65+ population.

Quality of Health Care

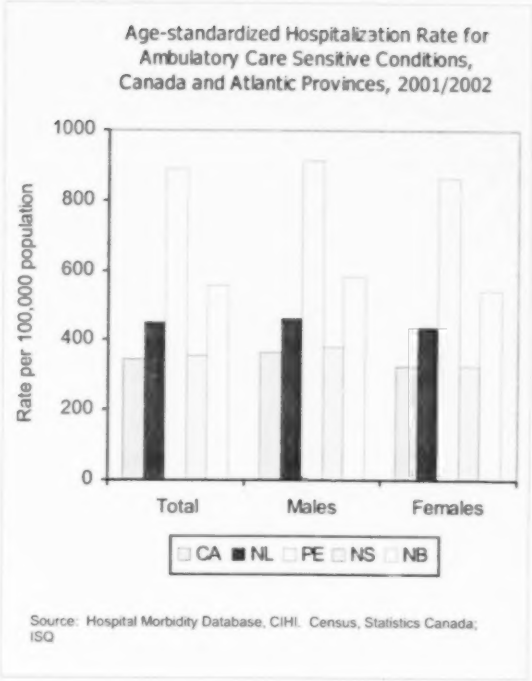
Appropriate and adequate primary health care services within a community are important components of the health system. Understanding how the public utilizes available services, and their satisfaction with the services received, can provide information on the quality of services offered, as well as areas that need improvement.

"Hospitalization rate[2] for ambulatory care sensitive conditions"

Inpatient[3] hospitalization rate for conditions where appropriate ambulatory care prevents or reduces the need for admission to hospital.

Many chronic health conditions can be managed with timely and effective outpatient and community treatment and support. Some of these conditions include diabetes, asthma, drug and alcohol dependence, and depression. These conditions are often referred to as ambulatory care sensitive conditions. A strong primary health care system can assist in reducing rates of hospitalization for these conditions.

Newfoundland and Labrador had a higher hospitalization rate for ambulatory care sensitive conditions (452 per 100,000 population) than Canada overall (346). Both Newfoundland and Labrador males (464) and females (437) had a higher hospitalization rate than Canada overall (367 and 325 respectively).



Source: Hospital Morbidity Database, CIHI. Census, Statistics Canada; ISQ

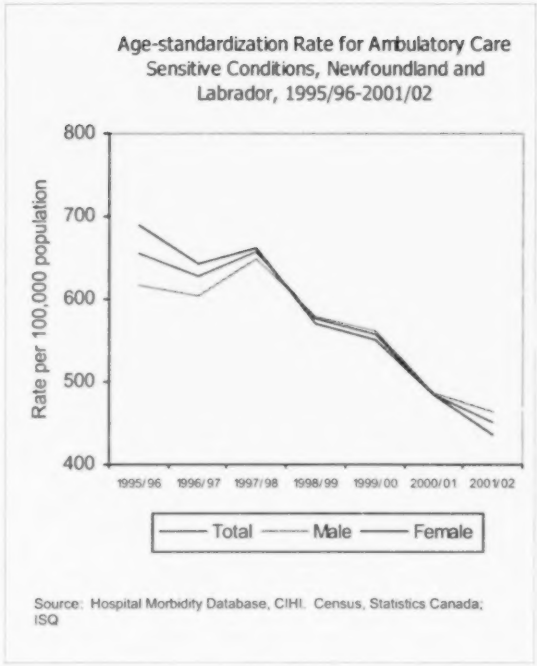
When compared to the other Atlantic Provinces, Newfoundland and Labrador had a lower rate (452) than Prince Edward Island (888) and New Brunswick (560), but a higher rate than Nova Scotia (355). Both males and females in the province had higher rates (464 and 437 respectively) than their counterparts in Nova Scotia (383 and 327), and lower rates to males and females in Prince Edward Island (915 and 865) and New Brunswick (581 and 542).

Since 1995/96 the rate for ambulatory care sensitive conditions in Newfoundland and Labrador has decreased from 655 per 100,000 population to a low of 452 in 2001/02. Rates for both males and females have decreased.

[2] Per 100,000 population

[3] Patients not treated as inpatients in acute care hospitals (e.g., those seen only in an emergency department or chronic care institution) were excluded.

Reductions in the rate of hospitalization for ambulatory care sensitive conditions are considered positive directions for the health system, and the population at large. These decreases can indicate improved outpatient management of ambulatory care sensitive conditions, which will reduce the usage of expensive inpatient beds for such conditions. With increasing rates of chronic conditions in the population, timely community management of health conditions can minimize disruption to the personal lives of individuals, support a stable health status, and decrease costs to the health system. A strong primary health care system, with ongoing improvements in the availability of effective medications and other therapies, and timely access to health providers, can significantly reduce hospitalizations for ambulatory care sensitive conditions. Further improvement should occur through implementation of the Newfoundland and Labrador primary health care renewal plan, *Moving Forward Together: Mobilizing Primary Health Care*.



Source: Hospital Morbidity Database, CIHI. Census, Statistics Canada; ISQ

"Patient satisfaction with overall health care services"

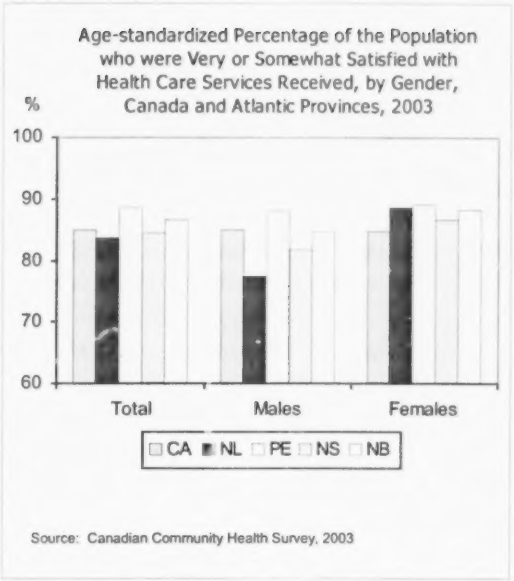
Percent of the population who rate themselves as either very satisfied or somewhat satisfied with overall health care services provided.

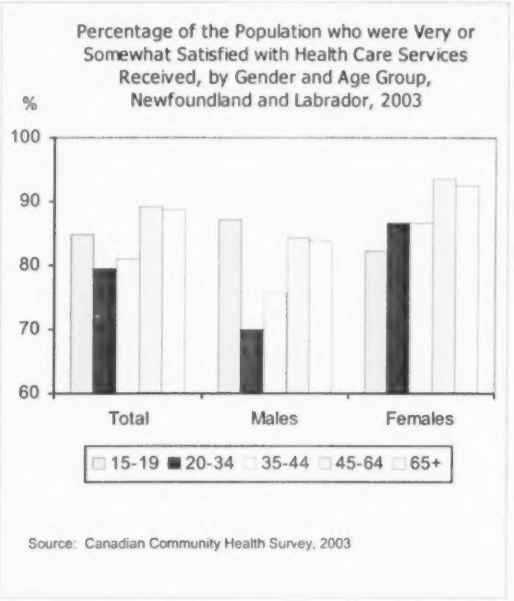
Patient satisfaction with health care services is an important outcome to measure as it can assist in evaluating and subsequently improving the delivery of services.

When compared to Canada overall, residents of Newfoundland and Labrador reported similar satisfaction with overall health care services received in the past year (83.7% - Newfoundland and Labrador; 84.9% - Canada). Females in the province, however, reported a higher rate of satisfaction (88.6%), compared to females in Canada overall (84.8%). A lower rate was reported among provincial males (77.3%) compared to males in Canada overall (85.0%).

Within Newfoundland and Labrador, females reported a higher satisfaction (88.6%) than males (77.3%), with satisfaction increasing with age. Females in the 45-64 age group reported a higher satisfaction with health care services (93.6%) than those in the 15-19 age group (82.3%), whereas males in the 20-34 age group reported a lower rate (69.9%) than males in other age groups.

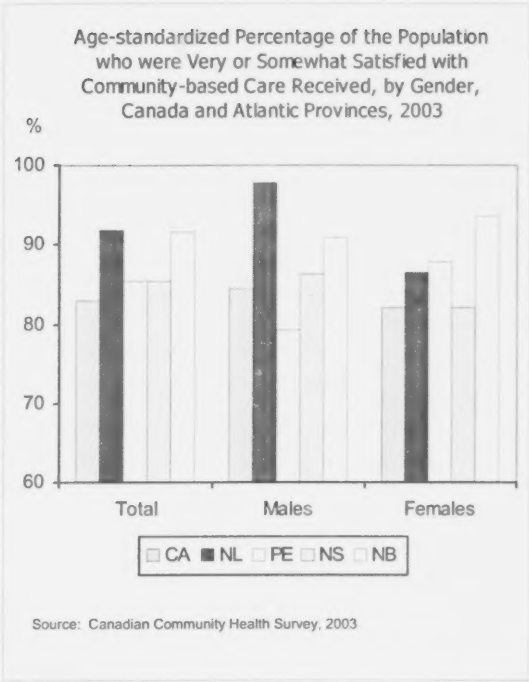
With the exception of a higher rate for Prince Edward Island (88.6%), Newfoundlanders and Labradorians reported similar satisfaction with overall health services when compared to the other Atlantic Provinces. As well, a lower rate was reported for Newfoundland and Labrador males (77.3%) compared to males in Prince Edward Island (87.9%), and New Brunswick (84.7%).





"Patient satisfaction with community-based care[4]"

Percentage of the population who rate themselves as either very satisfied or somewhat satisfied with community-based services received.



Source: Canadian Community Health Survey, 2003

Feedback from those who received community-based care is important in monitoring quality of services and identifying opportunities for ongoing improvement.

A higher percentage of Newfoundland and Labrador residents (91.9%) reported satisfaction with community-based services than Canada overall (83.0%). A higher percentage of males in Newfoundland and Labrador reported being satisfied than males in Canada overall (97.7% versus 84.5%), however satisfaction was similar for females in this province compared to females in Canada overall.

Within Newfoundland and Labrador, males and females reported similar rates of patient satisfaction with community-based care.

When compared to other Atlantic Provinces, Newfoundland and Labrador residents also reported similar percentages of patient satisfaction with community-based care.

These findings demonstrate the public are generally pleased with the community based services they receive in Newfoundland and Labrador.

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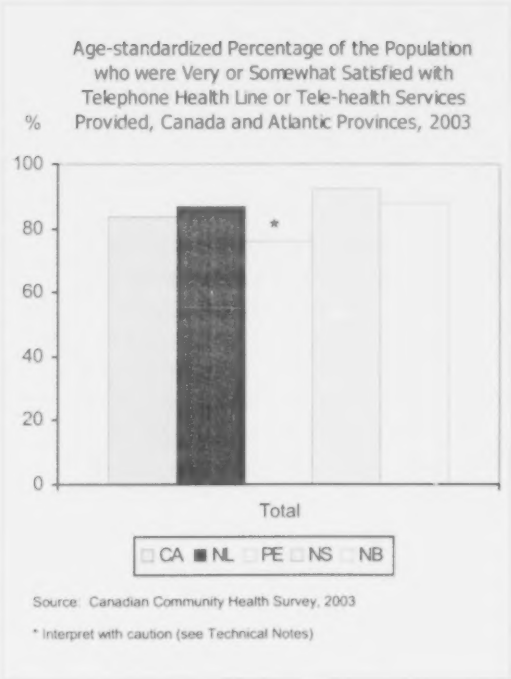
[4] Includes any health service received outside of a hospital or doctor's office (e.g., home nursing care, home-based counseling or therapy, personal care, and community walk-in clinics).

"Patient satisfaction with telephone health line or tele-health services"

Percentage of the population who rate themselves as either very satisfied or somewhat satisfied with the telephone health line or tele-health service received.



Individuals who have used a telephone health line or tele-health service over a 12-month reference period were asked if they were satisfied with the service. It should be noted that no formal tele-health service currently exists in Newfoundland and Labrador. Therefore, when asked about satisfaction with telephone help lines, individuals in this province may have been assessing information received through other telephone services. These may have included the poison control hotline, mental health crisis line, emergency departments of hospitals and health centres, or on-call doctor offices. Similarly, Nova Scotia or Prince Edward Island have no formal telephone health line services. As such, results presented for this indicator should be interpreted with caution.

Similar to responses in Canada and in other Atlantic Provinces, 86.7% of Newfoundlanders and Labradorians reported they were satisfied with telephone health line or tele-health services provided.

Telephone healthlines and tele-health services are growing in Canada and are seen as a valuable service within primary health care renewal. Such services increase public access to timely and reliable advice with respect to general health questions, personal or family health issues, as well as life saving advice during urgent and emergency events.

The Department of Health and Community Services is actively examining the development of a self-care/tele-care service that could lead to such a telephone service being available to residents of this province. A comprehensive needs assessment is currently underway.

Summary

Primary health care is an essential component of a quality health system and the foundation upon which other more specialized services must be built. A well functioning primary health care system can reduce demands on specialty services, improve public access to services, improve quality of work life for health providers, and positively affect health status of residents who access services as well as overall population health. As with other aspects of the health system, public perceptions of access and quality of service are indicative of how well the system is meeting the population's primary health care needs.

Findings in this section generally reflect many similarities to other Atlantic Provinces and Canadians overall. Differences were noted with respect to a lower percentage of Newfoundlanders and Labradorians who report having a regular family doctor as compared to the rest of the Atlantic Provinces, however, our provincial percentage was similar to the national average. Although Newfoundland and Labrador reported a high hospitalization rate for ambulatory care sensitive conditions, this rate has been decreasing since 1995-96. Fewer Newfoundlanders and Labradorians aged 65+ received the "flu shot" in 2003 than any other Atlantic Province and Canada overall. People in Newfoundland and Labrador reported a high satisfaction with health services in general with a greater proportion of the older age groups reporting satisfaction with services offered than younger age groups. Generally, Newfoundlanders and Labradorians are experiencing similar issues of access to and quality of health services offered to other Atlantic Provinces and Canada overall.

SECTION III

Other Areas of Health Services

The 2003 Accord prioritized other areas of health reform such as wait times for treatment, catastrophic drug coverage, pharmaceutical management, home care, and diagnostic equipment. This section of the report focuses on indicators in the areas of access and quality including wait times, out of pocket spending on prescription drugs, and public perceptions regarding the quality of physician and hospital care.

Canadians are very concerned about wait times for services and often view prolonged wait times as the symbol of a health system under strain. A closer examination of the issue of wait times for health services in Canada reveals significant work remains to fully understand who is waiting, for how long, and for what services. Until recently, there were few provincial wait time management systems developed in Canada, little consensus on how to collect and report wait times or what constitutes acceptable wait times, and few clinical guidelines to ensure patients are appropriately referred for treatment or diagnosis. No formal provincial wait time management system presently exists in Newfoundland and Labrador, although some health boards have systems in place to monitor wait times for selected services. Several other provinces, however, are now moving forward with wait time and wait list management systems, some including on-line patient access. Most of these are independent systems, and lack comparability with wait times in other provinces. The most readily available source of comparable information, at present in Canada, is derived from self reported surveys.

This report used national survey data to examine self-reported wait times for surgery, specialist physician visits and diagnostic services. These findings help describe various aspects of the health system, including, but not limited to, the availability of qualified professionals and diagnostic equipment. Longer wait times for these services could indicate the need for improvements in our health system. Specifically, the indicators discussed include:

1. "Self-reported wait times for surgery"
2. "Self-reported wait times for specialist physician visits"
3. "Self-reported wait times for diagnostic services"

The proportion of personal income that is used to purchase prescription drugs is a good indication of the additional costs individuals/families spend for needed drug therapy. If costs of prescription drugs are excessive, individuals may not be able to purchase necessary medications. Drug expenditures are one of the most rapidly rising costs in the health system with new prescription drugs emerging on a regular basis. The indicator that will focus on this area is described as:

4. "Prescription drug spending as a percentage of income"

In addition to satisfaction indicators previously discussed under Primary Health Care, this section will examine public opinions regarding hospital and physician care. These are important measures and reflect public perceptions of service received. Specifically, the indicators discussed will include:

5. "Patient satisfaction with hospital care"
6. "Patient satisfaction with physician care"

Timely Access

This section examines wait times and out-of-pocket costs for prescription drugs. Indicators on wait times, usually reported in weeks, reflect accessibility of programs and services in the health system. Costs for drugs can also affect accessibility as some residents may not be able to pay additional out-of-pocket expenses for necessary medications.

"Self-reported wait times for surgery"

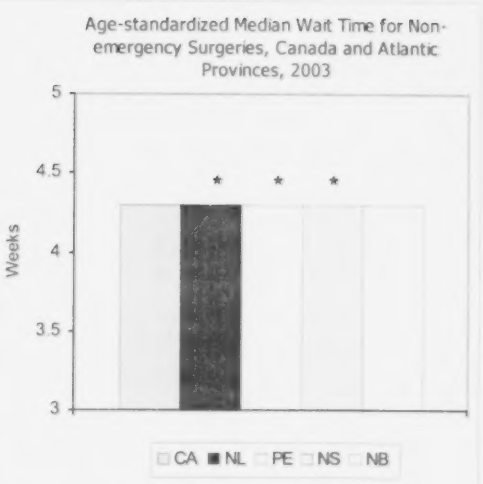
"Median[5] wait time for surgery"

"Wait time for surgery" refers to the length of time, in weeks, between the time the decision to treat was made and the date of surgery during the 12 months prior to the survey.

Residents of Newfoundland and Labrador reported a median wait time for non-emergency surgery (e.g., joint replacement surgery, cataract surgery) of 4.3 weeks. This was similar to Canada and the other Atlantic Provinces.

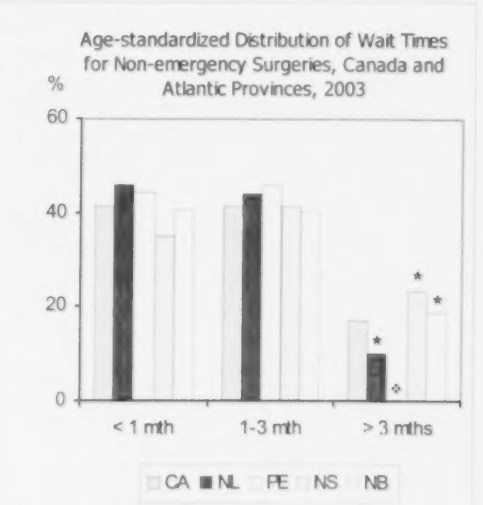
"Distribution of wait times for surgery"

"Distribution of wait times for surgery" is the percent of those who reported accessing non-emergency surgery and waited less than 1 month, between 1 to 3 months, or more than 3 months to receive the service, during the 12 months prior to the survey. Patients who had not yet received the service were excluded.



Source: Health Services Access Survey, supplement to the Canadian Community Health Survey, 2003

* Interpret with caution (see Technical Notes)



Source: Health Services Access Survey, supplement to the Canadian Community Health Survey, 2003

* Interpret with caution (see Technical Notes)

✣ Data suppressed (see Technical Notes)

[5] The median is the 50th percentile of the distribution of wait times: half the patients waited less and half waited longer than the median number of weeks. Patients who have not yet received the service are excluded.

Patients' wait times for a specific service can vary. Some receive service within the first month of referral while others have to wait much longer. Within the publicly funded health system, those who require the service on an emergency or urgent basis are given priority over those considered routine or stable. Information for this indicator and two subsequent indicators (i.e., "Self-reported wait times for specialist physician visits" and "Self-reported wait times for diagnostic services") are presented across three different time periods. These periods indicate the proportion of patients who waited for a specific service less than 1 month, 1-3 months, and greater than 3 months).

Approximately half (46.0%) of Newfoundland and Labrador patients who waited for non-emergency surgery reported they waited less than one month, while 44.1% reported waiting 1-3 months. These distributions were similar to the other Atlantic Provinces and Canada overall.

Newfoundland and Labrador residents reported a lower percentage waiting longer than three months for their surgery (9.9%) compared to Canada overall (17.1%). This province was also lower than Nova Scotia (23.5%), but similar to New Brunswick.

"Self-reported wait times for specialist physician visits"

"Median wait time for specialist physician visits"

"Wait time for specialist physician visits" refers to the length of time, in weeks, between the time the decision to see a specialist was made and the date of seeing the specialist, during the 12 months prior to the survey.

While primary health care professionals, including family physicians, manage and treat a wide scope of health issues, at times referral to specialist physicians is needed. Over 475 specialist physicians practiced throughout Newfoundland and Labrador in 2002/03. This translated into a rate of 92 per 100,000 population, versus 93 per 100,000 for Canada overall for this period.

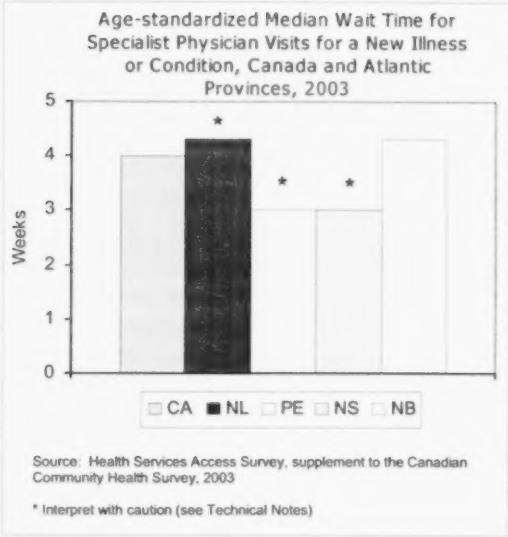
Newfoundland and Labrador residents reported similar median wait times (4.3 weeks) to see a specialist physician compared to Canada overall, and the other Atlantic Provinces.

"Distribution of wait times for specialist physician visits"

"Distribution of wait times for specialist physician visits" is the percent of those who were seen by a specialist that waited less than 1 month, between 1 to 3 months or more than 3 months to receive the service, during the 12 months prior to the survey. Patients who have not yet received the service were excluded.

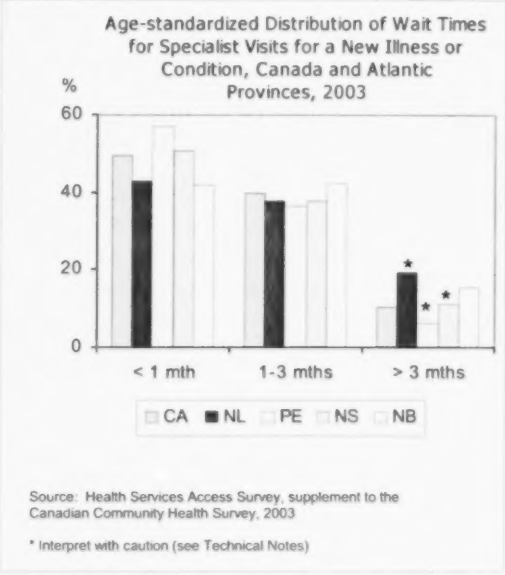
In Newfoundland and Labrador, 43.0% of respondents reported they had a specialist physician visit within one month of waiting, which was lower than that reported by residents of Prince Edward Island (57.2%). A further 37.6% of this province's respondents reported to have waited 1-3 months.

Approximately 1 in 5 (19.3%) residents of this province reported waiting more than 3 months to see a specialist. This was higher than that reported by Prince Edward Island (6.1%), and Canada overall (10.4%).



Source: Health Services Access Survey, supplement to the Canadian Community Health Survey, 2003

* Interpret with caution (see Technical Notes)



Source: Health Services Access Survey, supplement to the Canadian Community Health Survey, 2003

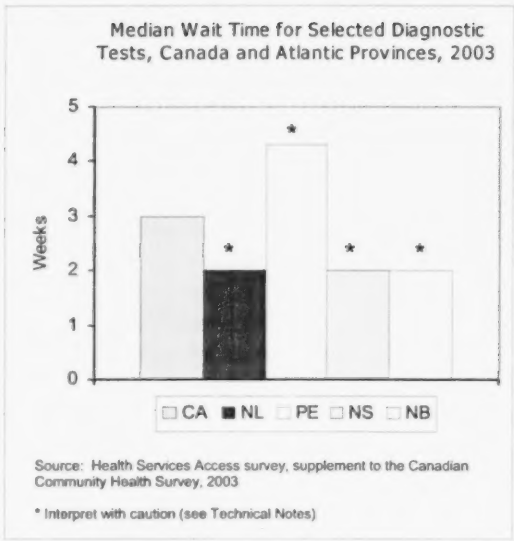
* Interpret with caution (see Technical Notes)

"Self-reported wait times for diagnostic services[6]"

"Median wait time[7] for diagnostic services"

"Self-reported wait times for diagnostic services" refers to the length of time, in weeks, between the patient being referred for a diagnostic service and receiving the service, during the 12 months prior to the survey.

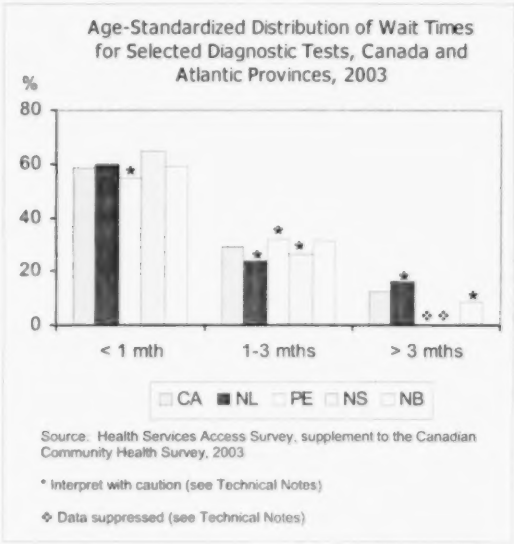
The median wait time for selected diagnostic tests reported by residents of Newfoundland and Labrador was 2.0 weeks. This was lower than the 4.3 weeks reported by residents of Prince Edward Island, but similar to Nova Scotia, New Brunswick, and Canada overall.


Median Wait Time for Selected Diagnostic Tests, Canada and Atlantic Provinces, 2003
Weeks
0
1
2
3
4
5
CA NL PE NS NB
Source: Health Services Access survey, supplement to the Canadian Community Health Survey, 2003
* Interpret with caution (see Technical Notes)

"Distribution of wait times for diagnostic services"

"Distribution of wait times for diagnostic service" is the percent of those requiring a diagnostic service that waited less than 1 month, between 1 to 3 months or more than 3 months to receive the service during the 12 months prior to the survey. Patients who have not yet received the service were excluded.

The majority (59.6%) of Newfoundland and Labrador residents reported receiving their diagnostic tests within the first month of waiting. A further 24.2% waited 1-3 months, while 16.3% waited longer than 3 months. Findings for this province were similar to the other Atlantic Provinces, and Canada overall.


Age-Standardized Distribution of Wait Times for Selected Diagnostic Tests, Canada and Atlantic Provinces, 2003
%
0
20
40
60
80
< 1 mth
1-3 mths
> 3 mths
CA NL PE NS NB
Source: Health Services Access Survey, supplement to the Canadian Community Health Survey, 2003
* Interpret with caution (see Technical Notes)
❖ Data suppressed (see Technical Notes)

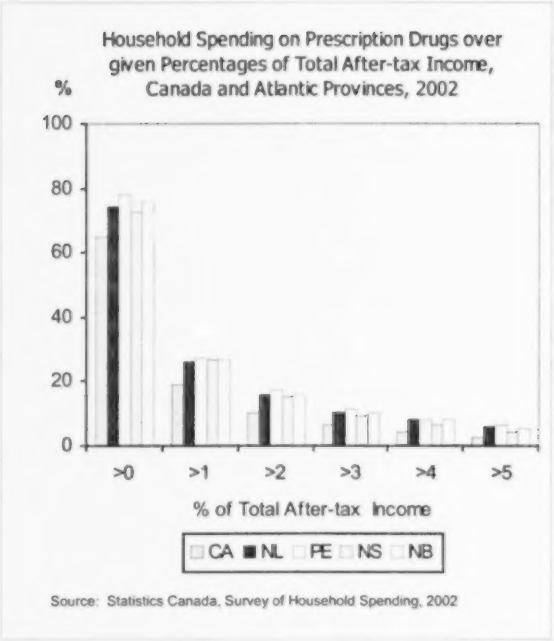
[6] Diagnostic tests include non-emergency Magnetic Resonance Images (MRI), Computed Tomography Scans (CT scans) and angiographies only.
[7] Crude rates are reported.

In recent years significant increases in funding have been invested in diagnostic equipment in Newfoundland and Labrador. As a result of these investments, an increased number of specialized cardiac tests have been performed, and regional access to computed tomography scanners (CT Scan) has improved.

Newfoundland and Labrador now has the highest number of CT scanners per capita among all provinces at 20.7 per million population, compared to the overall Canadian rate of 10.3. In 2004, the Government of Newfoundland and Labrador committed funding for a second magnetic resonance imager (MRI) for the province to be located in Corner Brook.

"Prescription drug spending as a percentage of income"

Percent of households,[8] spending over given percentages (0%, 1%, 2%, 3%, 4% and 5%) of total after tax income[9] out-of-pocket on prescription drugs.



The Newfoundland and Labrador Prescription Drug Program (NLPDP) is the province's publicly funded drug program. NLPDP provides assistance for the purchase of prescription drugs (and some medical supplies) to residents who qualify. Administered by the Department of Health and Community Services, the NLPDP is comprised of three programs: 1) Income Support, 2) Senior Citizens Drug Subsidy, and 3) Special Needs. In 2003/04, the province spent approximately $97 million to ensure access to necessary prescription drugs to recipients of the NLPDP.

Residents of the province may also have private insurance that covers the costs of prescription drugs. However, in most cases, an insurance program (public or private) will not cover the total cost of the prescription (i.e, drug cost plus the professional fee).

When asked in a survey, the majority (74.2%) of Newfoundlanders and Labradorians reported spending some of their household income on prescription drugs (i.e., greater than 0%). This percentage was similar to the other Atlantic Provinces, however was higher than that reported by Canada overall (65.2%).

Household spending on prescription drugs can be broken down further based on income. These are subsets of the first category (i.e., >0%). For example, those households spending more than 5% would also be included in the >0%, >1%, >2%, >3%, and >4%.

A small minority (5.8%) of households in this province reported spending more than 5% of their income on prescription drugs. This proportion was similar to the other Atlantic Provinces, however it was higher than that reported by Canada overall (3.0%).

It should be noted that both private and public drug programs vary considerably across Canada. Such variations make comparisons across jurisdictions cautionary. A national standard for "reasonable" coverage has yet to be formally defined.

[8] Only includes out-of-pocket spending on prescription drugs; over-the-counter medications are not included.
[9] After tax income is total income minus personal taxes.

Quality of Health Care

In this section, patient satisfaction with both hospital and physician care are examined.

"Patient satisfaction with hospital care[10]"

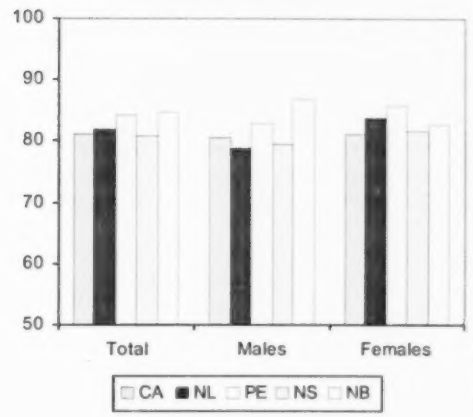
Percentage of the population who rate themselves as either very satisfied or somewhat satisfied with the way hospital services were provided.

A high percentage of Newfoundlanders and Labradorians reported they were satisfied with hospital care (82.0%), a similar finding to Canada overall. Males (78.7%) and females (83.8%) in Newfoundland and Labrador reported similar rates of satisfaction with Canadian males and females overall.

Within Newfoundland and Labrador, the 20-34 age group reported a lower satisfaction with hospital care than the 65+ age group (74.1% versus 93.3%). However, no gender differences in patient satisfaction were found within each age group. When compared to the other Atlantic Provinces, no differences were found compared to Newfoundlanders and Labradorians overall or by gender.

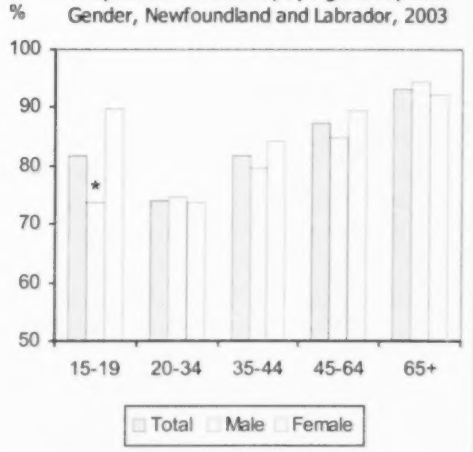
Health boards throughout the province have been conducting surveys of patient satisfaction with hospital care for many years, and have found very similar results.

Age-standardized Percentage of the Population who were Very or Somewhat Satisfied with Most Recent Hospital Care Received, Canada and Atlantic Provinces, 2003



Source: Canadian Community Health Survey, 2003.

Percentage of the Population who were Very or Somewhat Satisfied with Most Recent Hospital Care Received, by Age-Group and Gender, Newfoundland and Labrador, 2003



Source: Canadian Community Health Survey, 2003.

* Interpret with caution (see Technical Notes)

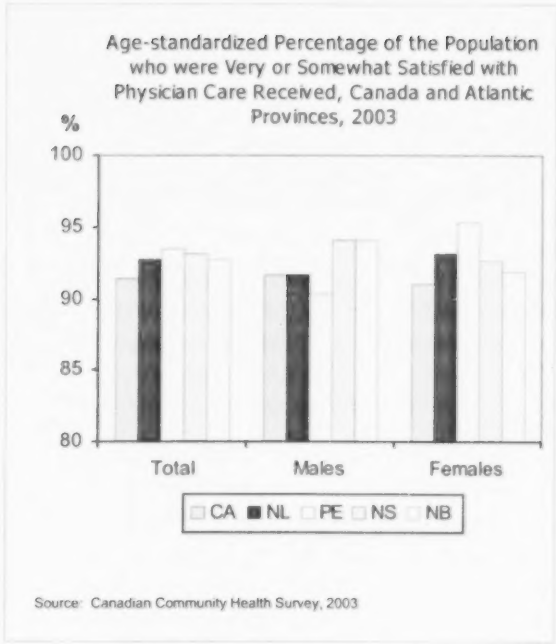
[10] Individuals must have received health care services at a hospital within a year of answering the survey question, must be at least 15 years of age and must be living in a private home.

"Patient satisfaction with physician care[11]"

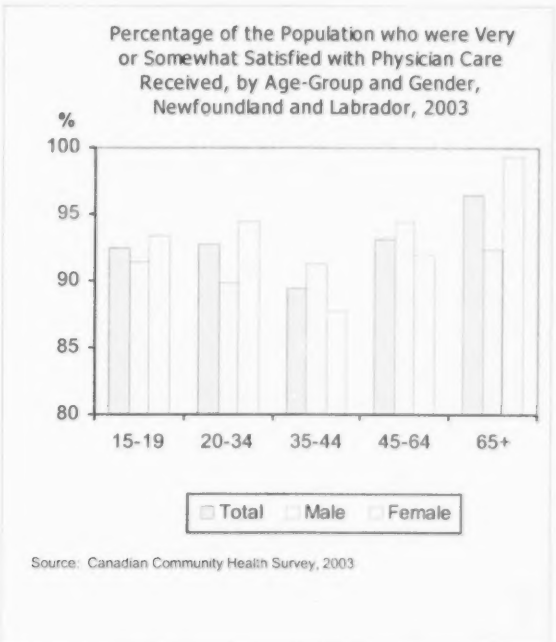
Percentage of the population who rate themselves as either very satisfied or somewhat satisfied with physician care received: family doctor or medical specialist (excluding services received in a hospital).

The level of satisfaction reported by individuals regarding their family doctor or medical specialist is an important indicator of the quality of service being provided. The majority of Newfoundland and Labrador residents (92.7%) reported they were satisfied with the care they received from their doctor. This rate was similar when compared to Canada overall.

Within the province, patient satisfaction with their family doctor or medical specialist was similar between males and females and across age groups with one exception. Females in the 65+ age group reported a higher satisfaction rate than females aged 45-64. Newfoundlanders and Labradorians also reported similar rates to the other Atlantic Provinces both overall, and by gender.



Source: Canadian Community Health Survey, 2003



Source: Canadian Community Health Survey, 2003

[11] This indicator takes into account individuals living in private homes, who have availed of a doctor or medical specialists within the past year.

Summary

Median wait times for surgery, specialist physician visits, and diagnostic services were similar to the other Atlantic Provinces and Canada overall. Newfoundlanders and Labradorians generally reported receiving these services within three months from the time they were referred by the specialist. However, improvements are needed in provincial wait time management systems to accurately measure and monitor these trends. With better information management, targets for reasonable wait times can be developed and actions taken to address areas of greatest need. In addition to sustainable investments by the federal government, a partnership will be needed among governments, health system administrators and medical specialists to achieve this goal.

In terms of prescription drug spending, the majority of Newfoundlanders and Labradorians report spending some of their own money on medications, as do the residents in the other Atlantic Provinces and Canada overall. A small percentage spend more than 5%. Provincial drug programs and policies vary considerably among jurisdictions making comparisons difficult. While the 2003 Accord raised the profile of catastrophic drug costs to individuals in Canada, much work remains before national agreement is reached on the parameters of such a program and how it will be funded.

In terms of quality of health services, people in Newfoundland and Labrador were satisfied with hospital care, and with the care they received from their family doctors and medical specialists. In all Atlantic Provinces, older age groups reported higher satisfaction with health services than did younger age groups. These findings reaffirm results from similar surveys in the past and reinforce the belief that the health system is working well, and providing residents who use it with high quality services. However, despite these positive findings, wait time indicators demonstrate some individuals continue to wait too long for services.

SECTION IV

Healthy Newfoundlanders and Labradorians

The previous sections of *Health Scope 2004* focused on selected topics that reflect health system performance such as primary health care, satisfaction with services and wait times for specialists, diagnostic tests and surgery. This final section of the report moves from an examination of the health system, to a focus on the health of Newfoundlanders and Labradorians. It is widely recognized that the health system is only one factor influencing the health status of a population. Other factors that play strong roles include education, income and the environment.

The 2003 Accord between the federal government and the provinces and territories stated "an effective health system requires a balance between individual responsibility for personal health and our collective responsibility for the health system". A number of indicators concerning health and wellness are presented in this section:

1. "Health adjusted life expectancy"
2. "Low birth weight"
3. "Self-reported health"
4. "Teenage smoking rates"
5. "Physical activity"
6. "Body mass index"
7. "Diabetes"

Several of these indicators are strongly influenced by personal choices and lifestyles. Health outcomes from behaviours such as smoking, inactive lifestyles and obesity have profound negative effects on a person's health status by increasing the risk of several chronic illnesses and premature death. High rates of chronic disease also place added strain on the health system and can diminish the quality of life for individuals affected and their families. Health promotion and wellness strategies aimed at educating the public about the benefits of healthy eating and physical activity are fundamental. Such programs can play a strong role in reducing rates of high risk behaviours. Healthy public policy is also necessary to foster healthy environments in which society lives.

"Health adjusted life expectancy"[12] (HALE)

HALE is the number of years in full health that an individual can expect to live given the current morbidity and mortality conditions. People aged 12 and over were included for this indicator.

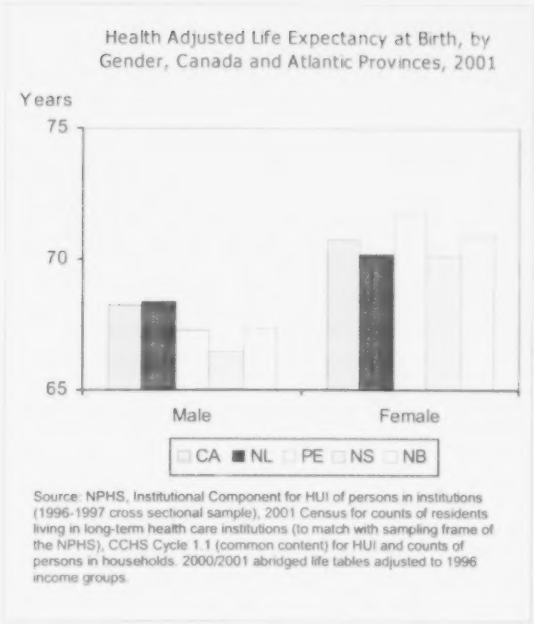
HALE is a health status indicator that combines both morbidity (illness) and mortality (death) into a single measure. Unlike "Life Expectancy" which indicates simply how long one can expect to live, HALE is considered an estimate of the number of years an individual can expect to live in full health. It reflects quantity, as well as quality of life. HALE is calculated at birth and at age 65, and for the purpose of this report is presented across gender and income groups. Findings for each area will be presented, followed by a brief summary to highlight the key points of interest.

HALE at Birth by GENDER

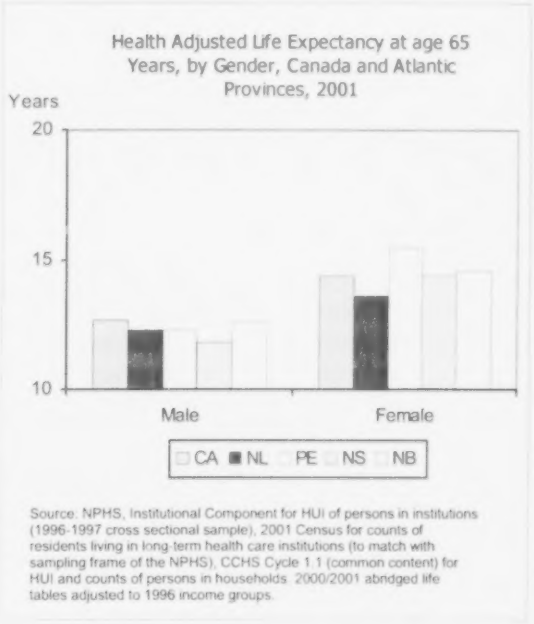
In 2001, HALE at birth for males (68.4 years) and females (70.2 years) in this province was similar to males and females in Canada overall. Across Atlantic Canada it was found that Nova Scotian males (66.5 years) had a lower HALE than males in this province (68.4 years), whereas it was higher for females in Prince Edward Island (71.7 years) than for females in Newfoundland and Labrador (70.2 years).

HALE at Age 65 by GENDER

In addition to calculating HALE for those born in 2001, it can also be calculated for those who were 65 years old in 2001.



Source: NPHS, Institutional Component for HUI of persons in institutions (1996-1997 cross sectional sample), 2001 Census for counts of residents living in long-term health care institutions (to match with sampling frame of the NPHS), CCHS Cycle 1.1 (common content) for HUI and counts of persons in households. 2000/2001 abridged life tables adjusted to 1996 income groups.



Source: NPHS, Institutional Component for HUI of persons in institutions (1996-1997 cross sectional sample), 2001 Census for counts of residents living in long-term health care institutions (to match with sampling frame of the NPHS), CCHS Cycle 1.1 (common content) for HUI and counts of persons in households. 2000/2001 abridged life tables adjusted to 1996 income groups.

Estimates can be made on the number of years one can expect to live beyond 65 years old in full health. HALE for males (12.3 years) and females (13.6 years) in the province aged 65 in 2001, was similar to HALE for males and

[12] The HALE is a relatively new indicator in the study of population health, and includes a number of assumptions which are important for its interpretation. Further information has been made available through Statistics Canada at http://www.statcan.ca/hale.

females in Canada overall. Across Atlantic Canada, females in this province (13.6 years) had a lower HALE at age 65 than females in Prince Edward Island (15.5 years) and New Brunswick (14.6 years).

HALE at Birth by INCOME and GENDER

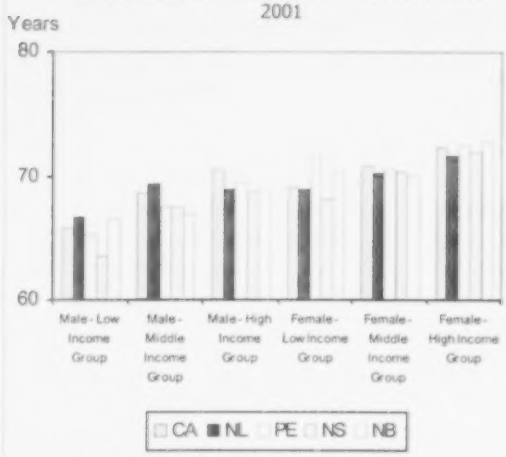
HALE, calculated by income groups, allows one to investigate whether income is associated with years lived in full health. It is presented by gender, for low, middle, and high income groups, at birth and at 65+ years of age.

For HALE at birth, high income males in the province had a lower HALE (69.0 years) than high income males for Canada overall (70.5 years). There was no difference between males in the low and medium income group in this province compared to Canadian males overall in these income groups. Females in the province had a similar HALE at birth to Canadian females overall across all income groups.

Within the province, males had a lower HALE at birth than females in the low income (66.6 years vs 68.9 years) and high income (69.0 years vs 71.6 years) groups. There was no difference between males and females in the middle income group.

With respect to middle income, Newfoundland and Labrador males (69.3 years) had a higher HALE than Nova Scotia (67.5 years) and New Brunswick (66.9 years) males. Males in this province also had higher HALE than males in Nova Scotia (63.5 years) in the low income group. Low income females in this province had a lower HALE (68.9 years) than females in Prince Edward Island (71.8 years).

Health Adjusted Life Expectancy by Income Group, at Birth, Canada and Atlantic Provinces, 2001

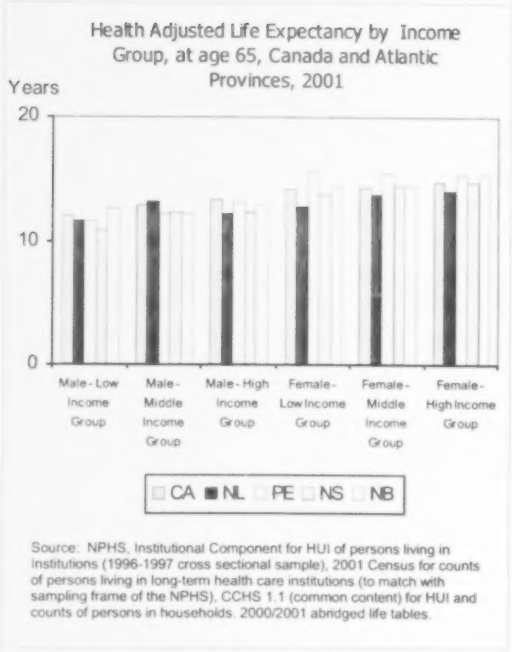


Source: NPHS, Institutional Component for HUI of persons in institutions (1996-1997 cross sectional sample). 2001 Census for counts of residents living in long-term health care institutions (to match with sampling frame of the NPHS), CCHS Cycle 1.1 (common content) for HUI and counts of persons in households. 2000/2001 abridged life tables adjusted to 1996 income groups.

HALE at Age 65 by INCOME and GENDER

At age 65, there was no difference between Newfoundland and Labrador and Canada overall, across gender and the three income groups. Within the province for the high income group, females at age 65 had a higher HALE (14.1 years) than males (12.2 years). Across Atlantic Canada females in this province in the low income group had a lower HALE at age 65 (12.8 years) than females in Prince Edward Island (15.6 years) and New Brunswick (14.5 years).

Newfoundlanders and Labradorians born in 2001 can generally expect to have full health and quality of life well into their late sixties and early seventies. Income levels appear to have a nominal impact on these trends. When HALE was calculated for both males and females at age 65 in 2001, both genders could generally look forward to at least another decade in full health.


Health Adjusted Life Expectancy by Income Group, at age 65, Canada and Atlantic Provinces, 2001
Years
20
10
0
Male - Low Income Group
Male - Middle Income Group
Male - High Income Group
Female - Low Income Group
Female - Middle Income Group
Female - High Income Group
CA NL PE NS NB

Source: NPHS, Institutional Component for HUI of persons living in institutions (1996-1997 cross sectional sample), 2001 Census for counts of persons living in long-term health care institutions (to match with sampling frame of the NPHS), CCHS 1.1 (common content) for HUI and counts of persons in households. 2000/2001 abridged life tables.

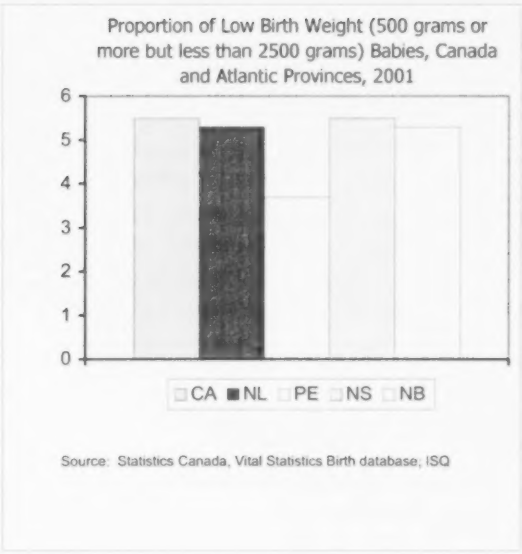
Low birth weight[13]

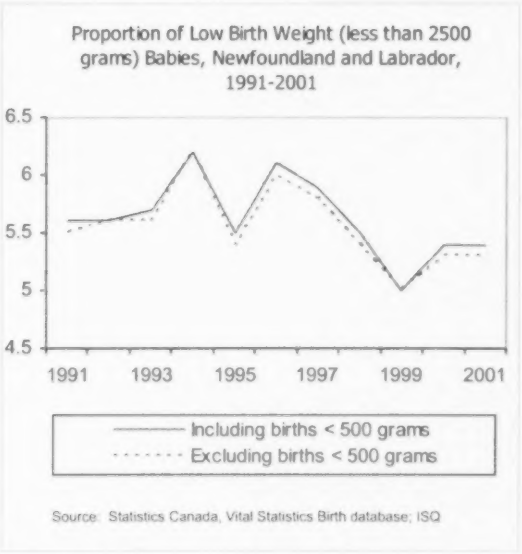
The proportion of live births[14] (birth weight known) with a birth weight less than 2500 grams and at least 500 grams.

Low birth weight is an indicator of the general health of newborn babies and is a key determinant of the child's survival, development and overall health. Low birth weight babies may be born pre-term, small for gestational age, or both. Low birth weight is more common in multiple births (e.g., twins) and pre-term births. Other risk factors include pre-existing health conditions, illness, low pre-pregnancy weight, nutrition, maternal age, smoking, drinking, drug dependency, and poor socio-economic conditions. A healthy lifestyle for the mother, and access to appropriate health services, can improve the chances that a baby will have a healthy birth weight and be born at or near full term.

In 2001, the proportion of low birth weight babies reported for Newfoundland and Labrador (5.3%) was similar to the Canadian average (5.5%).

Although variable from 1991-2001, the proportion of low birth weight newborns in Newfoundland and Labrador dropped slightly from 5.6% to 5.4%.


Proportion of Low Birth Weight (500 grams or more but less than 2500 grams) Babies, Canada and Atlantic Provinces, 2001
6
5
4
3
2
1
0
CA NL PE NS NB
Source: Statistics Canada, Vital Statistics Birth database; ISQ



[13] Birth weight data is not available for Newfoundland and Labrador prior to 1991.

[14] Births with unknown birth weight; births to mothers not resident in Canada are excluded from the numerator and denominator; infants born outside the province/territory of residence of their mothers are excluded in the rates for the mother's province/territory of residence.

When compared to other Atlantic Provinces, Newfoundland and Labrador reported a higher rate of low birth weight than Prince Edward Island (3.7%), but similar to the remaining Atlantic Provinces.

In Newfoundland and Labrador, a number of programs and services exist to support pregnant women. These include: (1) *Family Resource Programs*, which provide services to numerous communities and assist in supporting parenting and early childhood development; (2) *Healthy Baby Clubs*, a prenatal support program for pregnant women and new mothers; (3) *Mother Baby Nutrition Supplement* program, which provides a small financial subsidy to pregnant women and new mothers to assist with purchasing healthy foods; (4) prenatal educational programs such as *A New Life*, which are available to expecting women throughout the province; and (5) a range of health care providers and health services within primary health care and specialty centres.

Self-reported health[15]

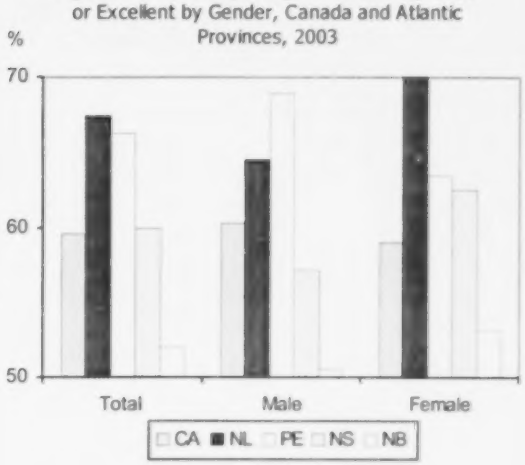
Percent of the population aged 12 and older who report that their health is very good or excellent.

Self-reported health does not reflect any one attribute of an individual's health, but rather one's overall perceptions of their own health. It includes a combination of different aspects of health that the individual considers important such as physical status, lifestyle factors, mental and social well-being, and socioeconomic status.

In 2003, 67.4% of Newfoundlanders and Labradorians reported themselves to be in very good or excellent health. This was higher than Canada overall (59.6%). Newfoundland and Labrador males (64.5%) and females (70.0%) reported a higher rate than Canadian males (60.3%) and females (59.0%) overall. Females within this province reported a higher self-reported health than males.

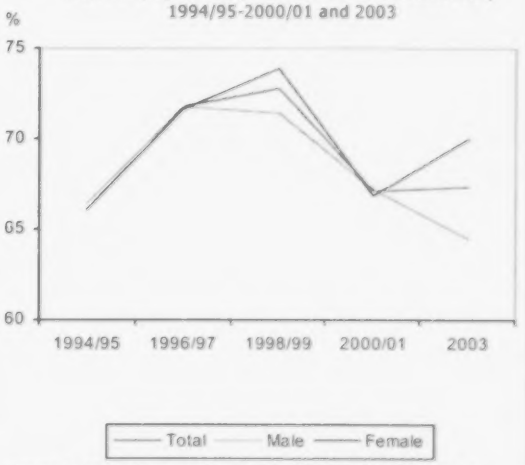
When compared to the other Atlantic Provinces, a higher proportion of Newfoundlanders and Labradorians rated themselves as having very good or excellent health than Nova Scotia (59.9%) and New Brunswick (52.0%). The rate for this province was similar to Prince Edward Island. A higher percentage of Newfoundland and Labrador males (64.5%) reported having very good or excellent health compared with males from Nova Scotia (57.1%) and New Brunswick (50.6%). Newfoundland and Labrador females (70.0%) reported a higher percentage than females in Prince Edward Island (63.4%), Nova Scotia (62.5%), and New Brunswick (53.2%).

Age-standardized Percentage of the Population Aged 12+ Years Reporting Health as Very Good or Excellent by Gender, Canada and Atlantic Provinces, 2003



Source: Canadian Community Health Survey, 2003

Age-standardized Percentage of the Population Aged 12+ Years Reporting Health as Very Good or Excellent, by Gender, Newfoundland and Labrador, 1994/95-2000/01 and 2003



Source: Canadian Community Health Survey, 2000/01 and 2003; National Population Health Surveys, 1994/95, 1996/97, 1998/99

[15] Data for self-reported health is collected using a five-point scale ranging from poor to excellent.

Since 1994/95, there has been some variation in the percentage of Newfoundlanders and Labradorians reporting very good or excellent health, ranging from 66.4% in 1994/95 to 72.8% in 1998/99.

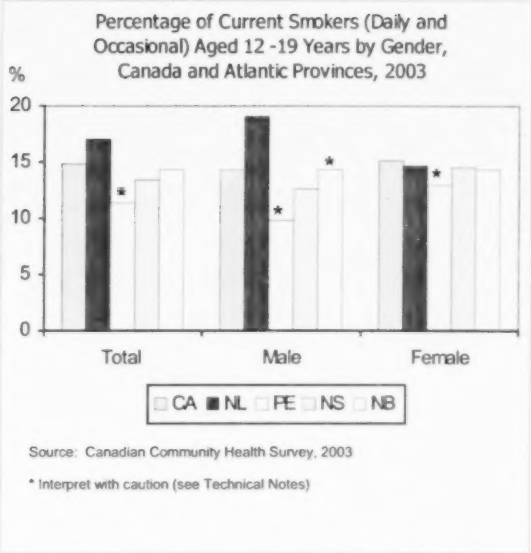
Despite evidence of high rates of heart disease, diabetes and other chronic diseases risk factors, the residents of Newfoundland and Labrador continue to feel good about their health.

These findings have been reported in earlier surveys as well, and suggest a strong sense of well being among residents of the province. Some have proposed that it is this positive feeling about health that has served the population well and demonstrates strong resilience over time.

"Teenage smoking rates"

Percentage of the population aged 12-19 reporting they are current smokers (includes daily and occasional smokers) at the time of the interview.

Percentage of population aged 12-19 reporting they are daily smokers at the time of the interview.



Tobacco use continues to be the leading cause of preventable illness and death in Canada. Health Canada estimates that smoking is responsible for approximately 45,000 deaths per year. It is also a risk factor for many health conditions. Studies have found that teenagers are aware of the negative health effects of smoking, but few are worried about them. Youth tobacco use is a major public health concern. Rates of current smoking (i.e., those who smoke on either a daily or an occasional basis) in the teenage population will be discussed, followed by daily smoking rates.

CURRENT SMOKERS

In 2003, Newfoundland and Labrador reported a similar rate of current teenage smokers (17.0%) than Canada overall (14.8%). Newfoundland and Labrador teenage males (19.1%) and females (14.7%) reported similar current smoking rates to Canadian males (14.4%) and females (15.2%) overall.

In Newfoundland and Labrador, no difference was found between teenage males and females for current smoking. Newfoundland and Labrador reported a similar percentage of current teenage smokers as the other Atlantic Provinces. However, the rate of smoking for teenage males in the province (19.1%) was higher than for their counterparts in Prince Edward Island (9.9%). Since 1994/95, current smoking rates among this province's teenagers have varied, ranging from 16.1% to 25.6%.

DAILY SMOKERS

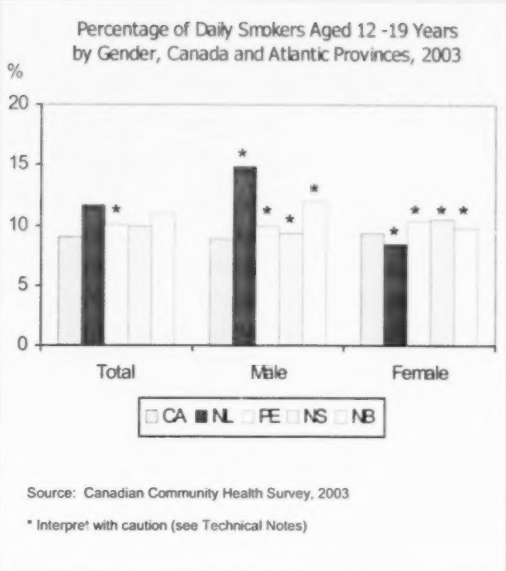
Newfoundland and Labrador teenagers had a daily smoking rate of 11.7%, similar to Canada overall. Across gender, male teenagers within this province who smoke daily, reported a higher percentage (14.9%) than Canadian teenage males overall (8.9%). The rates for females were similar.

In Newfoundland and Labrador, no difference was found between teenage males and females for daily smoking. Newfoundland and Labrador reported similar daily smoking rates to other Atlantic Provinces, for overall population and across gender. Since 1994/95, the rate of daily smoking among teenagers in Newfoundland and Labrador has varied between 10.5% to 15.0%.

Research shows that effective tobacco control programs need to be comprehensive. The goal of these programs is to reduce tobacco use by preventing the initiation of tobacco use among young people, promoting quitting and eliminating non-smokers' exposure to environmental tobacco smoke. A comprehensive approach includes school and community programs, public education, smoking cessation, legislation and enforcement, taxation and policy.

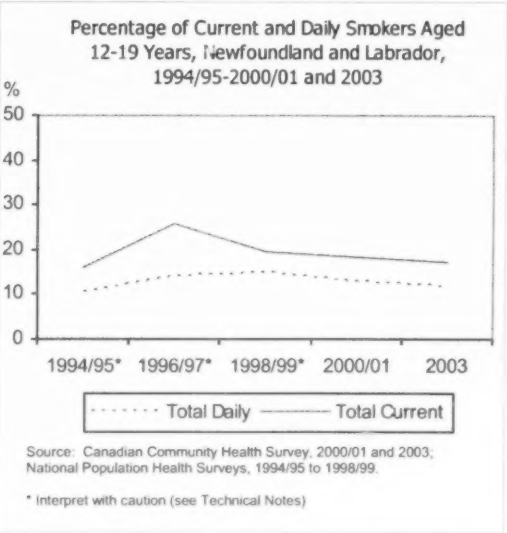
Since 1999, the Provincial Teen Tobacco Team has been advising government on youth tobacco issues, in particular, how to prevent young people from starting and how to help others quit. In 2004, a school based prevention resource entitled *The Grade Seven Tobacco Prevention Resource Kit* was developed, designed and produced by the Provincial Teen Tobacco Team, in collaboration with government. To appeal to youth, the resource kit features a student document called *Smoking: What's Up With That?* This resource contains youth-friendly language and is designed to deliver the messages on the importance of staying smoke-free. The resource has been distributed to all schools throughout the province.

The Teen Tobacco Team is also collaborating with the Alliance for the Control of Tobacco with its *Smoke-Free Schools and Communities* project which aims for 100% smoke-free school yards in this province. Since 2000, the *Kick the Nic* program, a stop smoking program aimed at teens who want to quit smoking, continues to be implemented in schools and community organizations throughout the province.



Source: Canadian Community Health Survey, 2003

* Interpret with caution (see Technical Notes)



Source: Canadian Community Health Survey, 2000/01 and 2003; National Population Health Surveys, 1994/95 to 1998/99.

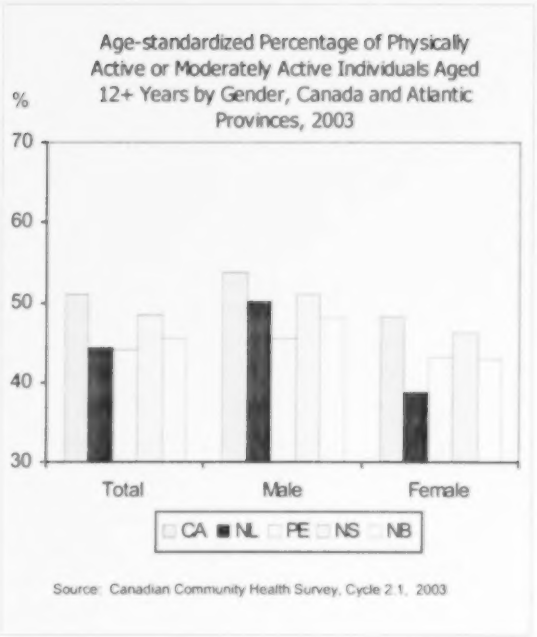
* Interpret with caution (see Technical Notes)

"Physical activity"

a) Percentage of population aged 12 and over who report a physical activity index of "active"[16].

b) Percentage of population aged 12 and over who report a physical activity index of "inactive".

Regular physical activity is linked to improved health and reduced risk for illness and mortality, while physical inactivity in itself can be a threat to one's well being. Recent reports have indicated that children, youth, and adults are less physically active than what is recommended.



PHYSICAL ACTIVITY

In 2003, Newfoundland and Labrador reported a lower percentage of residents being physically active (44.3%) than Canada overall (51.0%). Across gender, females (38.7%) and males (50.1%) within the province reported a lower percentage being physically active compared to females (48.3%) and males (53.8%) for Canada overall.

Within Newfoundland and Labrador, physical activity rates have varied from 35.2% in 1994-95 to 44.2% in 2003. In 2003, the percentage of Newfoundland and Labrador males (50.1%) reporting to be physically active was higher than for females (38.7%) in this province.

Newfoundland and Labrador reported similar physical activity rates to the other Atlantic Provinces, with the exception of Nova Scotia, which was higher at 48.4%. When comparing males and females separately, the percentage of females reporting that they are physicially active in the province (38.7%) is lower than for their counterparts in Nova Scotia (46.2%) and New Brunswick (42.9%).

PHYSICAL INACTIVITY

In 2003, Newfoundland and Labrador reported higher physical inactivity rates (53.3%) than Canada overall (46.4%). Across gender, females (59.7%) and males (46.5%) in our province reported higher physical inactivity rates than females (49.6%) and males (42.9%) in Canada overall. A higher percentage of Newfoundland and Labrador females reported being physically inactive than their provincial male counterparts in 2003.

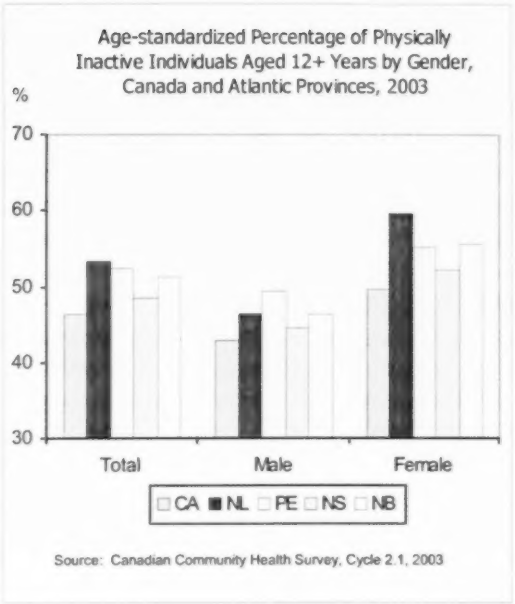
Physical inactivity in this province varied from 59.8% in 1994/95 to 53.4% in 2003.

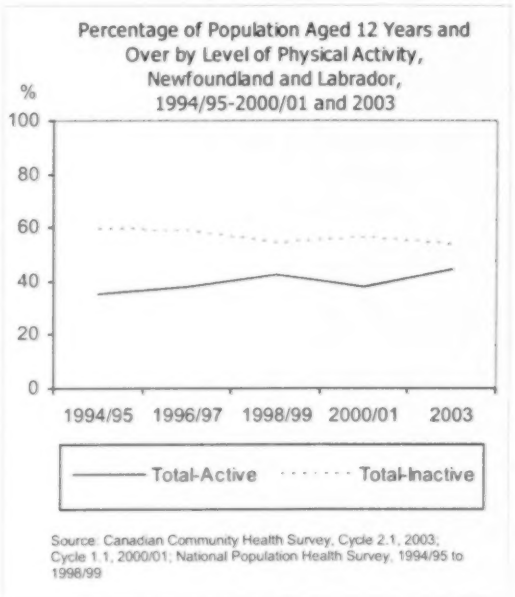
[16] Includes active and moderately active levels of physical activity.

When compared to other Atlantic Provinces, Newfoundland and Labrador reported higher physical inactivity rates (53.3%) than Nova Scotia (48.6%). Across gender, only one difference was noted with females in this province reporting higher inactivity rates than females in Nova Scotia (52.2%).

Incorporating physical activity into daily life, such as taking a short walk three times a week or choosing the stairs instead of the elevator, can help to reduce the risks of premature death, chronic disease and disability. Additional benefits of physical activity include, improved social interactions, self-image, and sleep habits which are all essential to improved health, well being and quality of life. Researchers have proposed that increasing physical activity can help reduce costs to the health system by billions of dollars.

A number of national and provincial organizations exist to develop strategies to fight the battle against physical inactivity. Previous long standing programs in the province such as the *Heart Health Program* assisted communities to organize local exercise and walking groups. Currently, both national and provincial emphasis on wellness is growing. Healthy eating and physical activity are essential to improving the health and well being of Newfoundlanders and Labradorians.





"Body mass index"

Body mass index (BMI) is based on self-reported height and weight, and calculated for persons 18 years of age and over, excluding pregnant women[17]. BMI ranges from underweight to obese. Due to different rates of growth for individuals under 18 years of age, the standard BMI is not considered a suitable indicator for this group. BMI is calculated as weight (in kilograms) divided by height (in meters) squared.

The Heart and Stroke Foundation's 2004 Annual Report on Canadians' Health warns "Fat is the new tobacco". Smoking rates have decreased in the last 30 years by 53% but the number of Canadians who are overweight or obese has increased by 50%.

Almost 10 per cent of all premature deaths in Canada are thought to be associated with being overweight or obese. The annual economic cost to treat obesity related diseases continues to rise in Canada (over $4.3 billion in 2001).

Body mass index is the most common method of determining if an individual's weight is within what is considered a healthy range. For the purpose of this report, Body mass index will be discussed according to four international standard categories: (1) underweight (BMI < 18.5), (2) acceptable weight (BMI = 18.5 - 24.9), (3) overweight (BMI = 25.0 - 29.9), and (4) obese (BMI > 30).

UNDERWEIGHT

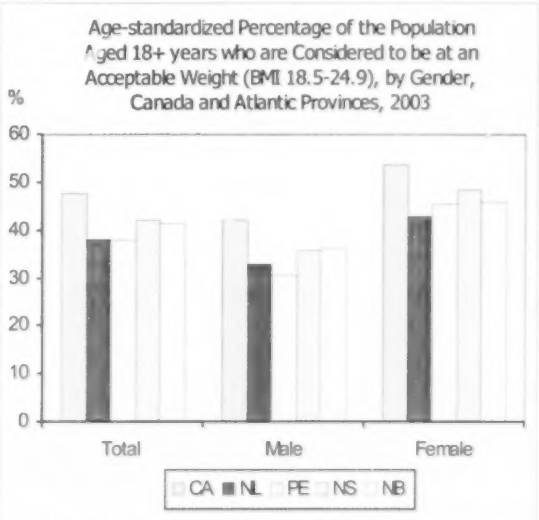
Newfoundland and Labrador reported a lower percentage (1.5%) in the underweight category than Canada overall (2.8%), but similar percentages to the other Atlantic Provinces (not shown).

Fewer female Newfoundlanders and Labradorians (2.4%) reported being underweight than females in Canada overall (4.5%). No information on underweight Newfoundland and Labrador males was available.

When compared to the other Atlantic Provinces, no differences were found in the underweight category.

ACCEPTABLE WEIGHT

Within the acceptable weight category, Newfoundland and Labrador reported a lower rate (37.9%) than Canada overall (47.8%).



Source: Canadian Community Health Survey, Cycle 2.1, 2003

[17] Pregnant women and persons measuring less than 91.4 centimeters (3 feet) or greater than 210.8 centimeters (6 feet 11 inches) in height were excluded.

Newfoundland and Labrador males (32.8%) and females (43.0%) reported lower percentages of acceptable weight than males (42.2%) and females (53.5%) in Canada overall. Within the province, a higher percentage of females reported being in the acceptable weight category, compared to males.

Newfoundlanders and Labradorians reported a lower rate of acceptable weight (37.9%) than Nova Scotia (42.2%) and New Brunswick (41.3%). Across gender, females in Nova Scotia reported a higher rate (48.6%) of acceptable weight than females in this province (43.0%).

OVERWEIGHT

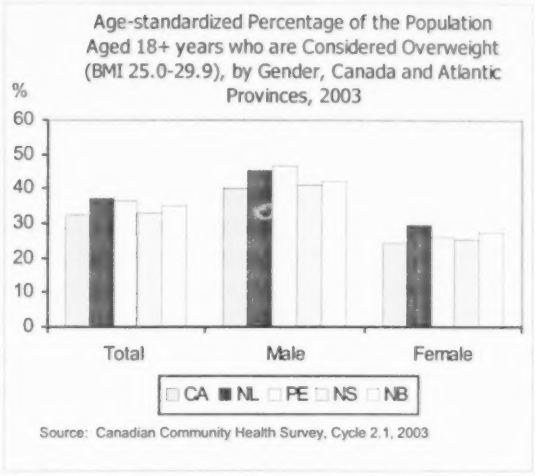
Newfoundland and Labrador had a higher percentage of residents being overweight (37.3%) than Canada overall (32.4%). Across gender, Newfoundland and Labrador males (45.3%) and females (29.5%) had a higher percentage being overweight than males (40.3%) and females (24.5%) in Canada overall.

Within the province, males in the overweight category reported a higher rate than their female counterparts.

When compared to the other Atlantic Provinces, this province reported a higher rate of being overweight than Nova Scotia (33.3%). Across gender, females in Newfoundland and Labrador reported a higher rate (29.5%) of being overweight than females in Nova Scotia (25.6%).

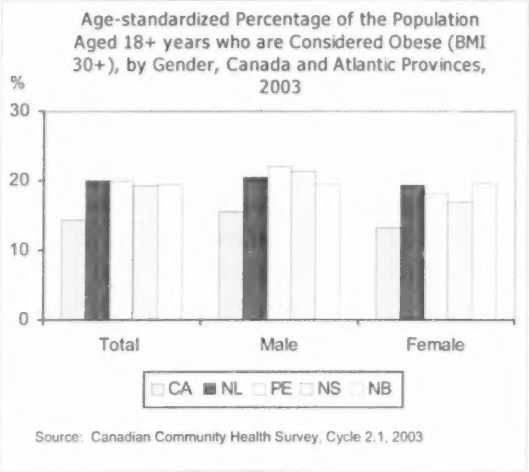
OBESE

Newfoundland and Labrador had a higher percent of residents in the obese category (19.9%) than Canada overall (14.5%). Newfoundland and Labrador males



(20.4%) and females (19.3%) reported higher rates of obesity than males (15.6%) and females (13.3%) in Canada overall. Males and females were similar when compared within this province and to other Atlantic Provinces.

The Government of Newfoundland and Labrador and its many partners continue to implement programs and develop strategies that promote improved wellness related to healthy eating and physical activity. New research is also emerging in this province that examines genetic links to obesity.



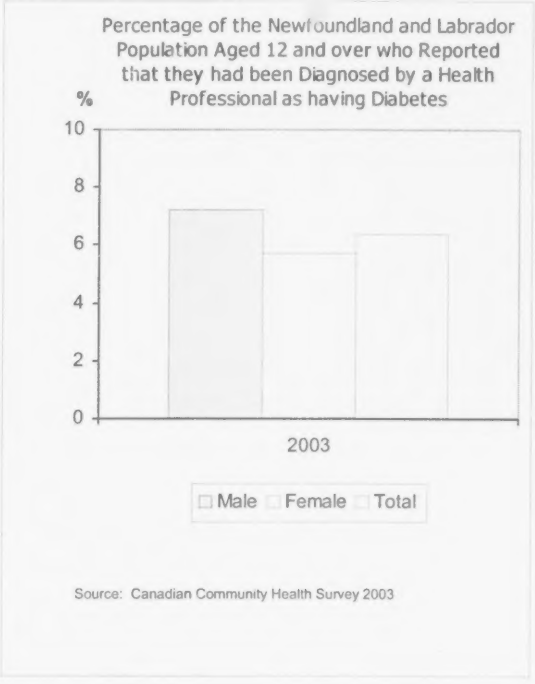
Diabetes

Population aged 12 and over who report that they have been diagnosed by a health professional as having diabetes.

Diabetes[18] is a life-long condition, and over time if not controlled, can cause complications that can lead to disability or death. It affects people of all ages. However, good diabetes care and management can delay or prevent the ill effects of the disease.

In 2003, Health Canada released its first report of the National Diabetes Surveillance System. By linking several population-based databases, the National Diabetes Surveillance System yields information on diabetes and diabetes related conditions among the population aged 20 years and older in all provinces and territories. At the time *Health Scope 2004* was prepared, the National Diabetes Surveillance System data was not available for Newfoundland and Labrador. Data for the province will be reported by Health Canada in the 2005 National Diabetes Surveillance System report.

In the absence of population-based data, surveys can provide a good estimate of the number of people in a population who have a specific condition. According to the 2003 Canadian Community Health Survey, an estimated 6.4% of Newfoundland and Labrador's population aged 12 years and older reported that they had been diagnosed with diabetes by a health care professional. From that same survey results show that 7.2% of male Newfoundlanders and Labradorians reported being diagnosed with diabetes, compared to 5.7% for female. Historically, Type 2 diabetes in Canada has been most prominent among the older population, particularly among males. With increasing rates of obesity in younger populations, a strong risk factor for diabetes, health professionals are seeing increasing rates of Type 2 diabetes among children and youth.



Source: Canadian Community Health Survey 2003

[18] This question did not distinguish between the three kinds of diabetes which include: (1) Type 1 (insulin dependent) - onset usually in juveniles, (2) Type 2 - onset usually occurs in adults and recently has been diagnosed in juveniles, and (3) Gestational – reversible condition that occurs during pregnancy.

Summary

Generally, Newfoundlanders and Labradorians had a similar HALE at birth and at age 65 with the other Atlantic Provinces and Canadians overall. Income levels appeared to have a small impact on HALE. Low birth weight rates for Newfoundland and Labrador were similar to the other Atlantic Provinces and Canada. Despite evidence of high rates of teenage smoking, physical inactivity, obesity and diabetes, Newfoundlanders and Labradorians generally feel that they are in very good or excellent health.

Generally, Newfoundlanders and Labradorians experience health status problems and rates of high risk life style behaviors similar to the other Atlantic Provinces and Canada overall. Supporting the health status of residents of this province remains an important priority for the Government of Newfoundland and Labrador and its partners. Programs continue to be established, implemented, and supported to promote improved lifelong wellness. Improved health status of the population will benefit individuals, families and communities. It will also have significant impacts in the long term toward reducing the demands on the health system for those health conditions that can be positively influenced by healthy lifestyles.

Conclusion

The indicators presented in this report reflect both health system performance, and the health status and healthy living choices of Newfoundlanders and Labradorians. This province was similar to the other Atlantic Provinces and Canada overall for the majority of the indicators discussed, with some exceptions. While there are some positive findings in the report, there are several areas which require continued improvement in the coming years both in terms of the health system and the healthy lifestyle choices of citizens. New directions are underway to achieve improvements in the continuity and quality of services to the public in the province. Increased sustainable federal funding is also needed, however, to ensure the health system can respond to the challenges it faces in the coming years.

It is clear that continued health promotion, education and early intervention programs are key to support the public in making healthy lifestyle choices which not only increase their own enjoyment and quality of life, but also reduce costs in the health care system. The Government of Newfoundland and Labrador and its partners are working towards improving health services and health status through policy and program development. The information provided in *Health Scope 2004*, is part of an ongoing effort of the Government to ensure the public is regularly informed about the health system, including its performance and progress.

Technical Notes

Comparisons

This report compares Newfoundland and Labrador data with the other Atlantic Provinces, given the number of similarities that exist and the strong partnership this province enjoys with the others in the region. Comparisons are also made with Canada overall. Gender and age comparisons are also presented where data quality exists.

Statistical Significance

Instances where a rate for a particular indicator is reported to be "**HIGHER**" or "**LOWER**" when comparisons are made indicates a statistically significant difference between the rates. If the word "**SIMILAR**" is reported, the rates are considered statistically similar (i.e., no difference). All statistically significant differences are noted in the report, while only occasionally are results reported where there was no statistical difference. The decision to not report on all similar comparisons allowed for the development of a more concise report.

Age-standardization versus Crude Rates

When possible, individual indicator rates were age-standardized (or adjusted in order to remove or minimize the effects of differences in age composition) to compare rates for different populations (e.g., other provinces, Canada). The use of age-standardized rates is indicated in the charts, and crude rates (for the entire population) were included when age-standardization was not possible.

Survey Information

Many of the indicators presented in this report were obtained from national surveys administered by Statistics Canada. For additional information on these health surveys refer to *http://www.statcan.ca/english/concepts/hs/index.htm*

- **Canadian Community Health Survey 2.1 (CCHS)** - provides regular and timely cross-sectional estimates of health determinants, health status and health system utilization. It was conducted in 2003, and 4,054 Newfoundlanders and Labradorians took part in the survey.

- **Health Services Access Survey (HSAS)** - explores visits to specialists, non-emergency surgeries and diagnostic tests, as well as access to first contact services. Respondents were asked about their experiences accessing these services including wait times, acceptability of the waiting time and impact of the

wait time. Data was collected in 2003, and 2,520 Newfoundlanders and Labradorians took part in the survey.

- **National Population Health Survey (NPHS)** - captures demographic, socio-demographic and health-related information on a provincial and national basis. Data is collected every second year, starting in 1994-1995 when the survey was cross-sectional. It has since become a longitudinal survey. In 1994-1995, 1,220 Newfoundlanders and Labradorians took part in the survey.

- **Survey of Household Spending (SHS)** – an annual survey, containing information on spending habits, dwelling characteristics and household equipment of Canadian households. Data used in this report was collected in 2003, and 1,371 Newfoundlanders and Labradorians took part in the survey.

Caution is recommended when interpreting survey information as findings are based only on a sample of the population. The size of the sample and how it was collected may restrict its usefulness. For example, an indicator may be reliable for all ages but can become unreliable when broken down into age groups.

Most of the indicators discussed include people 15 years of age and over except where noted. Statistics Canada excludes persons living in Nunavut, the Yukon, the Northwest Territories, on First Nation Reserves and on Crown lands, residents of institutions, full-time members of Canadian Armed Forces and residents of certain remote regions in these surveys.

In addition to surveys, other sources of data utilized in preparing this report include:

Statistics Canada
- Vital Statistics, Birth and Death Databases
- Demography Division 2003 - Canadian Census (population estimates and institutional population counts)

Canadian Institute for Health Information
- Health Expenditures Database – 2003
- Hospital Morbidity Discharge Abstract Database

Symbols

* Interpret with caution. This symbol is used throughout the report when Statistics Canada advises cautions are needed when drawing conclusions from the data due to differences in the collection methods.

❖ Data suppressed. This symbol is used throughout the report when Statistics Canada advises data cannot be reported due to extreme sampling variability.

Acronyms

For ease of presentation the following acronyms are used throughout the report:

- Canada (CA)
- Newfoundland and Labrador (NL)
- Prince Edward Island (PE)
- Nova Scotia (NS)
- New Brunswick (NB)
- Canadian Institute for Health Information (CIHI)
- Health Services Access Survey (HSAS)
- Canadian Community Health Survey (CCHS)
- National Population Health Survey (NPHS)
- Survey of Household Spending (SHS)
- Health Adjusted Life Expectancy (HALE)
- Institut de la statistique du Québec (ISQ)
- Health Utility Index (HUI)

Health Scope 2004 on the web

The *Health Scope 2004* report can be accessed through the Internet at the following websites:

- www.gov.nl.ca/health (Department of Health and Community Services)
- www.nlchi.nl.ca (Newfoundland and Labrador Centre for Health Information)

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